MONROE COUNTY HUMAN SERVICES ADVISORY BOARD Application for Funding Fiscal Year 2012



October 1, 2011 - September 30, 2012

| | ана патарының атарымда останында атарында атарында атарында атарында атарында атарында атарында атарында атары |
|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Agency Name | Florida Keys Outreach Coalition, Inc. |
| Physical Address | 5503 College Road |
| Mailing Address | Post Office Box 4767 |
| City, State, Zip | Key West, Florida 33041 |
| Phone | 305-293-8189 |
| <i>Fax</i> | 305-293-8276 |
| Email | FrBraddock@cs.com |
| Who should we contact with questions about this application? | Rev. Stephen E. Braddock, President & CEO |

| | ения филомет при |
|-----------------------------------------------------------|------------------------------------------------------|
| Amount received for prior fiscal year ending 09/30/10 | \$36,700 |
| Amount received for current fiscal year ending 09/30/11 | \$30,000 |
| Amount requested for upcoming fiscal year ending 09/30/12 | \$37,527 |



Please Visit FKOC on the Web

www.FKOC.org



CERTIFICATION



To the best of our knowledge and belief, the information contained in this application and attachments is true and correct. Monroe County is hereby authorized to verify all information contained herein, and we understand that any inaccuracies, omissions, or any other information found to be false may result in rejection of this application. This certifies that this request for funding is consistent with our organization's Articles of Incorporation and Bylaws and has been approved by a majority of the Board of Directors.

We affirm that the Agency will use Monroe County funds for the purposes as submitted in this Application for Funding. Any change will require written approval from the Monroe County Board of County Commissioners.

We understand that the agency must substantially meet the eligibility criteria to be considered for Monroe County funding and that any applicable attachments not included disqualify the agency's application.

We understand that all funding received through this opportunity must be spent for the benefit of Monroe County.

We further understand that meeting the Eligibility Criteria in no way ensures that the agency will be recommended for funding by the Human Services Advisory Board. These recommendations are determined by service needs of the community, availability of funds, etc. HSAB funding recommendations must be approved by the Monroe County Board of County Commissioners.

| Typed Name of President & CEO: |
|---------------------------------|
| Rev. Stephen E. Braddock, Ph.D. |
| Signature |
| Date: 4-8-29/ |
| Typed Name of Board Chairman: |
| Samuel J. Kaufman, Esq. |
| Signature Samuel Karly |
| Date: 4-8-11 |

Detailed instructions for each question appear in the separate instruction document.

1. Insert your agency's board-approved mission statement below.

Our Mission is to provide homeless individuals and families with the resources and opportunities by which to attain residential, financial and personal stability and self-sufficiency. The FKOC further seeks to address the underlying causes of homelessness and work toward its elimination in Monroe County, Florida.

Our **Vision** is to be a model human service organization dedicated to eradicating homelessness by empowering individuals and families to grow toward reaching their full potential.

FKOC takes CARE to incorporate the following Core Values in all of our work:

Collaboration: We believe that effective communication, cooperation and teamwork, improves the quality of our work and the outcomes of those we serve.

Accountability: We are committed to consistently improve, expand and strengthen the quality, efficacy and cost-effectiveness of our programs as we build for the future and contribute toward the betterment of our community.

Respect: We value the diversity and uniqueness of the individual and believe in everyone's innate dignity and worth.

Empowerment: We are committed to helping homeless people to "begin again" and overcome their homelessness and its underlying causes by providing them with opportunities, resources and support within a safe environment and community of hope.

- *We are committed to living out our core values in all our interactions with our clients, each other and the community.
- 2. List the services your agency provides.

FKOC provides homeless individuals and families with emergency shelter, transitional housing, case management, outreach/referral, showers, and a food pantry.

3. What services will be funded by this request?

Operations and supportive services for 122-beds of transitional shelter at five facilities for homeless men, women and children. Specifically, toward costs of utilities, insurance, and family case management.

4. Funding category: If you have been previously funded by HSAB, do you request to have the HSAB consider changing your funding category? Please circle yes or no: Yes



If yes, please circle the new category for which you would like to be considered: Medical Core Services Quality of Life

If you have not been previously funded, please circle the funding category that you believe best matches your services: Medical Core Services Quality of Life

5. Will County HSAB funds be used as match for a grant?

YES

- 6. If you answered "yes" to number four, please specify the:
 - a. grant award title, granting agency, and purpose:
 - -Homeless Continuum-of-Care, Supportive Housing Program
 - -United States Department of Housing and Urban Development
 - -Homeless transitional housing and supportive services
 - b. grant amount: \$175,879.00 Grant # FL0274B4D041003
 - c. match percentage requirement and amount: 35% = \$62,500
- 7. If your organization was funded with HSAB funds last year, please briefly and specifically explain:
 - a. how the funds were spent

HSAB funds were used exclusively toward the costs of shelter utilities, insurance and client case management.

b. how they were used to leverage additional funding.

HSAB funds were used to leverage Federal Funding through HUD and State Funding through the Florida Department of Children and Families.

8. Do you plan to allocate any part of this HSAB grant, if awarded, as a sub-grant to another organization? If yes, please list the recipient(s), the purpose(s), and amount(s). Please make sure these are included on Attachment D, under "Grants to Other Organizations."

No

9. Does your organization allocate sub-grants to other organizations using other sources (non County) of funding? If yes, please list the recipient(s), the purpose(s), and amount(s). Please make sure these are included on Attachment E, under "Grants to Other Organizations."

NO



10. Will you or have you applied for other sources of County funding? If yes, please list source(s) and amount(s). Also be sure to reflect this information on Attachment F.

YES. \$7,946 has been awarded by the SSAFF Advisory Board.

11. What needs or problems in this community does your agency address?

FKOC addresses the problems of homelessness; poverty; hunger; and substance abuse.

12. What statistical data support the needs listed in number nine?

(If applying for \$5,000 or less, a response to question #12 is not required.)

Monroe County has the highest number of homeless per capita in the State of Florida as evidenced by an annual point-in-time census and data compiled for a report to the Governor by the Florida State Office on Homelessness under the Department of Children and families. The problem is exacerbated by the severe lack of affordable housing and extremely high cost of living.

The January 2011 Homeless Point-in-Time Survey conducted by SHAL reported a total of 1,287 homeless men, women and children in Monroe County. (Attachment Q). There are between 120-150 homeless individuals in Monroe County Detention on any given day. 25% of FKOC transitional clients were admitted as ex-offenders last year.

13. What are the causes (not the symptoms) of these problems?

(If applying for \$5,000 or less, a response to question #13 is not required.)

The causes of homelessness in Monroe County are related primarily to addiction, mental illness, domestic violence, poverty, unemployment, physical illness or disability, lack of affordable housing, family break-ups, and most recently, foreclosures.

14. Describe your target population as specifically as possible.

| Chronically Homeless | 32% |
|------------------------------|-----|
| Severely Mentally III | 25% |
| Alcohol/Substance Abusers | 87% |
| Veterans | 23% |
| Victims of Domestic Violence | 20% |



| - | HIV/AIDS | 1.5% |
|-------|-------------|------|
| - | Disabled | 8% |
| 00000 | | |
| - | Children | 23% |
| - | Ex-Offender | 25% |
| - | CA"OHUHH | |

15. How are clients referred to your agency?

Clients are referred to FKOC from Monroe County Social Services, non-profit organizations, law enforcement agencies, Monroe County Detention Center, courts, faith communities, hospitals and clinics, and street outreach workers.

16. What steps are taken to be sure that prospective clients are eligible and that the neediest clients are given priority?

Clients in FKOC's Transitional Housing Program are carefully and extensively assessed for eligibility during the intake process. Additionally, eligibility for access to mainstream social and health services is determined, with appropriate referrals then facilitated. Persons in need of immediate emergency shelter are accommodated at the Keys Temporary Overnight Shelter (KOTS).

17. Describe any networking arrangements that are in place with other agencies.

FKOC has a very strong formal network of collaborating partners; most are members of the Southernmost Homeless Assistance League and participate in Monroe County's Continuum-of-Care for Homeless Services, including: Anchors Aweigh, AIDS Help, Key West Housing Authority, Monroe County Sheriff's Office, Monroe County Social Services, Florida Keys, Children's Shelter, Public Defender's Office, MARC House, Domestic Abuse Shelter, Key West Chamber of Commerce, Dept. of Children and Families, Helpline, Volunteers of America, State Attorney's Office, Samuel's House, Monroe County School Board, City of Key West, Catholic Charities, Guidance/Care Clinic, Wesley House, Key West Police Dept., U.S. Fellowship for Florida, Lower Keys Medical Center, DePoo Hospital, Florida Area Health Education Center, Rural Health Network, St. Mary's Soup Kitchen, St. Peter's Church, Metropolitan Community Church, Star of the Sea Mission, and others.

FKOC is a major participant in Monroe County's Homeless Management Information System, a web-based program designed to facilitate referrals and avoid duplication of services.

Formal Memorandums of Understanding to coordinate services and avoid duplication are in place between FKOC and the Domestic Abuse Shelter; Samuel's House; Guidance/Care Center; the City of Key West; and Healthy Start.



18. List all sites and hours of operation.

| Administration Office: | M-F, 9am-6pm |
|------------------------------------|--------------------|
| Rossell Center for Homeless Women | 24 hours |
| Neece Center for Homeless Recovery | 24 hours |
| Sunrise House for Homeless Men | 24-hours |
| Sunshine House for Homeless Men | 24-hours |
| Sunrich House for Homeless Men | 24-hours |
| Sunflower House for Homeless Women | 24-hours |
| Homeless Showers at KOTS | 7-days, 4pm-10pm |
| Keys Overnight Temporary Shelter | 7-days, 6pm-7:30am |
| Loaves and Fish Food Pantry | 7-days, 9am-6pm |
| Total hours of annual operation: | 65,130 hours |

19. What financial challenges do you expect in the next two years, and how do you plan to respond to them?

(If applying for \$5,000 or less, a response to question #19 is not required.)

*Monroe County remains seriously under funded by the U.S. Department of Housing and Urban Development. Homeless Supportive Housing funding has not increased since 1999 and will remain flat for the next fiscal year (2011-2012).

*Florida State funding cuts to FKOC for 2011/12 are 68% below previous years amounting to a reduction of \$135,000

*Funding cuts and reductions in private donations and grants have been significant.

Like all nonprofits, FKOC is facing decreased revenue and an increase in demand as move into 2011 and look toward 2012.

At present, FKOC's most pressing financial challenge is to secure the local funds necessary to meet the required match for State and Federal Grants so as to sustain our current level of services.

Ways and means to contain or reduce expenses are explored by the board and staff regularly and evaluated bi-monthly. Action steps already implemented for 2011/12 include:

- * No new positions added for 2011/2012.
- * Wages remain frozen for 2011.
- * No overtime permitted.
- Health insurance policy has been bid out resulting in lower premiums.



* General liability insurance has been bid out resulting in lower premiums.

* FKOC's payroll/human resources provider has been changed which resulted in

significant cost savings.

* All facilities have "gone green" and been certified as such. Thousands of dollars are being saved as a result of "green grants" that have enabled FKOC to dramatically reduce utility expenses.

* Rehabilitation on four of our five our Transitional Housing facilities was completed last year and include renovations allowing for the elimination of eight kitchens, thereby requiring fewer appliances and reducing electric expense.

Volunteer and in-kind labor is being maximized.

* Opportunities for grants from private foundations are continuously being identified and applied for.

If there is a silver lining to the economic uncertainty, it is that our organization is going beyond survival mode to pursue fundamental improvements in strategy, finance, and service delivery.

The board and staff of FKOC are confident that we will emerge from these tough economic times even stronger and able to continue to meet the growing needs of our communities most vulnerable.

20. What organizational challenges do you expect in the next two years, and how do you plan to respond to them?

(If applying for \$5,000 or less, a response to question #20 is not required.)

Major organizational challenges include our ability to provide adequate staffing levels and compensation; retain quality employees burdened by the high cost of living and frozen wages; recruitment of volunteers and board members; access to affordable health and property insurance and increased demand for services with decreasing resources.

While we are concerned about our ability to manage the kind of growth in need that we have seen as a result of the economy, we also are aware that the amazing spirit of generosity in our Keys community has brought us through 19-years of providing efficient and effective solutions and strategies to address homelessness and it underlying causes in Monroe County.

FKOC is committed to addressing our organizational challenges by working with government entities, other not-for-profits, faith based groups, foundations, and the business community to further streamline services, weave together funding streams, and secure new human and financial resources.

21. How are clients represented in the operation of your agency?

A former homeless client serves on the FKOC board of directors (per Bylaws); the deputy director is formerly homeless, as are 19 members of the current staff and live-in volunteers.



22. Is your agency monitored by an outside entity? If so, by whom and how often? (If applying for \$5,000 or less, a response to question #22 is not required.)

Yes, FKOC is monitored annually by the Department of Housing and Urban Development and semi-annually by the Florida Department of Children and Families.

23. Over 30,000 hours of program service were contributed by four dozen volunteers in the last year.

Inmate trustees from the Monroe County detention center provided approximately 14,600 hours of in-kind labor during 2010. Advanced clients, former clients, and community volunteers give generously of their time and talents.

- 24. Will any services funded by the County be performed under subcontract by another agency? If so, what services, and who will perform them? **NO**
- 25. What measurable outcomes do you plan to accomplish in the next funding year?

82% of all transitional housing clients will move to permanent housing; 12% will move in with family or friends; 90% will obtain employment within 30-days of entering the program; 100% of adult clients will attend support groups and life skills training; 100% of adult clients will be monitored daily for alcohol and/or substance abuse; 100% of transitional housing clients will be case managed and assessed for eligibility for mainstream benefits; 80% will exit the program with an increase in income status.

Note: Projected outcomes are based on <u>actual</u> outcomes for the period of February 1, 2010 through January 31, 2011.

26. How will you measure these outcomes?
(If applying for \$5,000 or less, a response to question #26 is not required.)

Outcomes will be tracked using a web-based Homeless Management Information System (HMIS) which generates an Annual Progress Report for our Federal and State funders, and by reviewing client files.

27. Provide information about units of service below. (If applying for \$5,000 or less, a response to question #26 is not required.)

| Service | Unit (hour, session, day, etc.) | Cost per unit (current year) |
|----------------------|---------------------------------|------------------------------|
| *Emergency Shelter | Day/bed | 8.47 |
| Transitional Shelter | Day/bed | 14.88 |

(* Emergency Shelter is not supported with HSAB funds.)



28. In 300 words or less, address any topics not covered above (optional).

The relationship between chronic homeless and substance is clear. Addiction very precipitates and sustains one's homelessness. Indeed, addiction to drugs (e.g. Alcohol, crack-cocaine, heroin, etc.) inhibits one's ability to work, destroys families, leads to criminal activity, and over burdens law enforcement, courts and detention facilities.

Many homeless mean and women have a history with the criminal justice system. In fact, last year 25% of those admitted to FKOC's Transitional Housing program came from detention. The MCDC has been between 120-150 homeless inmates on a given day.

The Monroe County Detention Center refer inmates to FKOC prior to their release date in order to prevent them from being discharged to the streets.

The estimated cost for detention is \$86.00 per day versus \$14.88 per day for Transitional Housing with Supportive Services as reflected in the preceding cost per unit chart.

Required Attachments

Required attachments were distributed to you as a <u>separate document</u>. Be sure to include these with your application. Please note: the required attachments A through F are only available in Microsoft Excel format. We require that you use this format, since it will automatically expand rows, generate totals and percentages, and align figures for easier reading.

ATTACHMENT F - AGENCY REVENUE

FY12

Complete this worksheet for the entire agency.

Please round all amounts to the nearest dollar.

In-Kind will not be included in percentages or total.

| | | enue Budget Year Ending | for Upcoming | Projected R | tevenue for C | Current Year |
|----------------------------|-----------|----------------------------|----------------|-------------|---------------|---------------------------|
| | | 6/30/2012 | | | 6/30/2011 | |
| Revenue Sources | Cash | In-Kind | %-age of Total | Cash | In-Kind | %-age of Total |
| Monroe County | 37,527 | | 4% | 38,742 | | 4% |
| Children and Fam | 76,565 | | 7% | 139,681 | | 13% |
| M.C. Sheriff's Dept. | 0 | | 0% | 0 | | 0% |
| Key West (KOTS) | 323,537 | | 32% | 312,114 | | 29% |
| Marathon | 0 | | 0% | o | | 0% |
| Islamorada | 0 | | 0% | 0 | | 0% |
| Layton | 0 | | 0% | 0 | | 0% |
| Key Colony Beach | 0 | | 0% | 0 | | 0% |
| Client fees | 286,963 | | 28% | 266,852 | | 25% |
| Donations | 50,000 | | 5% | 55,000 | | 5% |
| Sheriff Shared Asset | 7,946 | | 1% | 7,250 | | 1% |
| United Way | 13,750 | | 1% | 6,500 | | 1% |
| List all others below | | | 0% | | | 0% |
| Client Transportation | 4,300 | | 0% | 3,800 | | 0% |
| Emergency Food & Shelter | o | | 0% | 0 | | 0% |
| SE Episcopal Foundation | 11,500 | | 1% | 9,262 | | 1% |
| U.S. Dept of HUD | 175,879 | **** | 17% | 169,517 | | 16% |
| Interest Income | 600 | | 0% | 500 | | 0% |
| Administrative Fees | 37,500 | | 4% | 50,000 | | 5% |
| City of Key West/Poinciana | | 661,570 | 0% | | 661,570 | 0% |
| | | | 0% | | | 0% |
| | | | 0% | | | 0% |
| | | | 0% | | | 0% |
| | | | 0% | | | 0% |
| | | | 0% | | | 0% |
| | | | 0% | | | 0% |
| | | | 0% | | | 0% |
| | | | 0% | | | 0% |
| | | | 0% | | 7.1 | 0% |
| | | <u> </u> | 0% | | | 0% |
| | | | 100% | | | 100% |
| Total Revenue | 1,026,067 | 661,570 | | 1,059,218 | 661,570 | IN COMMENT AND THE SECOND |

ATTACHMENT B - AGENCY COMPENSATION DETAIL

FY12

Include each position in the entire agency.
Put an "X" next to each position directly related to program for which funding is requested.

Florida Keys Outreach Coalition, Inc.

Please round all dollar amounts to the nearest dollar; do not round FTE'S.

A 40-hour/week employee would be 1.00 FTE; a 20-hour/week employee would be .5 FTE, etc.

| | | | ed - Upcoming or Ending: | | d - Current Year Ending: |
|-----------------------------------------|-----|--------------|----------------------------------|--------|----------------------------------|
| | | 6/ | 30/2012 | 6 | /30/2011 |
| Position Title | "X" | #FTE'S | Total Compensation Package | #FTE'S | Total Compensation Package |
| House Manager / HMIS Administrator | - | 1.00 | 39,350 | | 39,350 |
| Case Manager | x | 2.00 | | | 87,353 |
| President & CEO | | 1.00 | | | 104,524 |
| Deputy Director | | 1.00 | 73,056 | | 73,056 |
| Case Manager Assistant | | 1.00 | 36,003 | | 36,003 |
| Children's Activities Coordinator | | 0.50 | 15,719 | | 15,719 |
| Maintenance/Security | | 1.00 | 45,538 | | 45,538 |
| Maintenance Specialist | | 0.50 | 11,545 | | 11,545 |
| Shelter Attendants | | 6.50 | 215,980 | | 215,980 |
| Shelter Program Supervisor Program Aide | | 1.00 0.50 | 50,531 18,500 | | 50,531 18,500 |
| | | | | | |
| | | | | | |
| | | | | | |
| Totals | 1 | 16.00 | 698,099 | 0.00 | 698,099 |

ATTACHMENT CHECKLIST

| LABEL AND ATTACH THE FOLLOWING IN THE ORDER | | | |
|--------------------------------------------------------------------------------------------------------------------------|------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SHOWN, AFTER THIS PAGE | ATTA | CHED? | COMMENTS |
| IF NOT APPLICABLE, PLEASE SO INDICATE AND | | | You must explain any |
| EXPLAIN | YES | NO | "NO" answers |
| A. Board Information Form | Х | | |
| B. Agency Compensation Detail | (x) | | |
| C. Profile of Clients and Services | Х | | |
| D – F. Financial Information | Х | | |
| G. Copy of Audited Financial Statement from most recent fiscal year if organization's expenses are \$150,000 or greater. | X | | |
| H. Copy of IRS Form 990 from most recent fiscal year | Х | | |
| I. Copy of current fee schedule | Х | | |
| J. Copy of IRS Letter of Determination indicating 501 C 3 status | X | | |
| K. Copy of Current Monroe County and City Occupational Licenses | X | | |
| L. Copy of Florida Dept. of Children And Families License or Certification | N/A | | |
| M. Copy of any other Federal or State Licenses | N/A | | |
| N. Copy of Florida Dept. of Health Licenses/Permits | N/A | | |
| O. Copy of front page of Agency's EEO Policy/Plan | X | | |
| P. Copy of Summary Report of most current Evaluation/Monitoring * | × | | 09/08/2010 DCF Residential Site Monitoring |
| Q. Data showing need for your program (optional, see question 7)2011 PIT Summary; Ros-Lethinen Letter | Х | | |
| R. Other (specify) TWO PAGE LIMIT | | | The second secon |

ATTACHMENT A 1 - BOARD INFORMATION

This attachment has changed; please note additional information request at bottom of page.

You must have at least five directors.

FKOC, Inc.

(enter your agency name in D-3 above and it will automatically appear in subsequent sheets)

| Samuel J. Kaufman, Chairman Attorney Name Hoard Position Neils Hubbell Ron Roberts, Director Doug Bradshaw, Treasurer Paul Clayton, Director Pastor Rev. Larry Schenk, Director Doug Bradston, Director Sandy Becker, Director John Sangston, Director Sandy Becker, Director Sandy Becker, Director Sandy Weekley Dr. Eric Nichols Pastor Dr. Eric Nichols Dr. Rose Chan Sammer Attorn Surgeon Surgeon Attorney Rey West, Fl Key West, Fl City Commissioner Key West, Fl Rev. Sarah Fowler Dr. Rose Chan Surgeon Rey West, Fl | | rears served | Expiration Date |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------|-----------------|
| Engineer Formerly Homeless LRA Manager/COKW Consultant Pastor Financial Planner Book Keeper City Commissioner Psychologist Pastor Surgeon | | 11 | 4/12/2012 |
| Engineer Formerly Homeless LRA Manager/COKW Consultant Pastor Financial Planner Book Keeper City Commissioner Psychologist Pastor Surgeon | | ^ | 12-Apr |
| LRA Manager/COKW LRA Manager/COKW Consultant Pastor Financial Planner Book Keeper City Commissioner Psychologist Pastor Surgeon | | 3 | 12-Apr |
| LRA Manager/COKW Consultant Pastor Financial Planner Book Keeper City Commissioner Psychologist Pastor Surgeon | | 10 | 12-Anr |
| ctor Pastor Sctor Pastor Financial Planner Book Keeper City Commissioner Psychologist Pastor Surgeon | Key West, FI | 2 | |
| ctor Pastor Sctor Pastor Financial Planner Book Keeper City Commissioner Psychologist Pastor Surgeon | Key West El 305-296-0652 | 9 | 13-Apr |
| Sctor Pastor Sctor Pastor Financial Planner Book Keeper City Commissioner Psychologist Pastor Surgeon | | 3 | 12-Apr |
| Financial Planner Book Keeper City Commissioner Psychologist Pastor Surgeon | | 4 | 13-Apr |
| Book Keeper City Commissioner Psychologist Pastor Surgeon | | 4 | 13-Apr |
| ley City Commissioner Ols Psychologist Owler Pastor In Surgeon | | 4 | 12Apr |
| Psychologist Pastor Surgeon | | 9 | 12-Apr |
| ler Pastor Surgeon Surgeon | | 4 | 12-Apr |
| Surgeon Key West, | | 3 | 13-Apr |
| Surgeon Key West, | ū | 2 | 13-Apr |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

^{**}ATTACHMENT A 2 - EVIDENCE OF ANNUAL ELECTION OF OFFICERS (Please attach a copy of the minutes of the meeting in which the most recent elections took place.)

Florida Keys Outreach Coalition, Inc.

Board of Directors

Motion to Elect Officers for 2010-2011 under the proposed slate:

Chairman, Samuel Kaufman Vice-Chair, Jimmy Weekley Treasurer, Doug Bradshaw Secretary, John Sangston

Made by: Seconded by: Chan

16th Day of June, 2010

Samuel J. Kaufman, Esq.

Board Chair

John Sangston

Bhard Secretary

ATTACHMENT C - PROFILE OF CLIENTS AND SERVICES (Performance Report)

This attachment has changed, please note asterisked information at the bottom of page. Delete or type over sample information shown.

Florida Keys Outreach Coalition

| ist Services Here | Tarnet Population | # of Persons in Target | Årea | Dave/Houre | Total Number of Clients Served during most recent completed | Current # of Clients ("snapshot") as |
|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------------------------------------|--------------------------------------|
| Transitional Housing and Homeless Individuals Supportive Services | Homeless Individuals and Families | 1,287 | 1.287 county-wide | 7 davs/24 hours | 221 | |
| Extensive Case Management | Homeless Individuals and Families | 1,287 | 1,287 county-wide | 7 days/24 hours | 221 | |
| Life Skills Training | Homeless Adults | 1,287 | 1,287 county-wide | 7 days/24 hours | 190 | |
| AntiDrug Abuse Program Homeless Adults | Homeless Adults | 1,287 | 1,287 county-wide | 7 days/24 hours | 190 | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| en de la companya de | | | | | | |
| | | | | A. | | |
| | | | | | | |
| | | | | | | |
| | | | A THE RESERVE OF THE PARTY OF T | | | |
| | | | | | | |
| | | | | | | |
| | | | | de | | |
| | | | | | | |
| | 2、 一般の変化を表現の関連的ない。 | | | | | |
| Unduplicated Clients for Entire Agency | r Entire Agency | | | | 221 | 69 |
| (see instructions - this is n | (see instructions - this is not a total of the numbers above) | | - | | | |

100% (221) of clients served were Monroe County residents consisting of 14% children; 80% of the population exited into permanent housing;

67% of clients served were gainfully employed at program exit.

ATTACHMENT D - COUNTY FUNDING BUDGET

FY12

Show the proposed budget detail for the County funds requested. The total must match with the total funding requested.

| | Proposed Expense Budget for Upcoming Year Ending: | | | |
|-------------------------------|------------------------------------------------------|--------|--|--|
| 新疆新闻的张明宗郑忠明 | 6/30/2012 | | | |
| Expenditures | Total | % | | |
| Salaries | 13,898 | 37.0% | | |
| Payroll Taxes | 1,787 | 4.8% | | |
| Employee Benefits | 3,342 | 8.9% | | |
| Subtotal Personnel | 19,027 | 50.7% | | |
| Postage | | 0 | | |
| Office Supplies | | 0 | | |
| Telephone | | 0 | | |
| Professional Fees | | 0 | | |
| Rent | | 0 | | |
| Utilities | 12,000 | 32.0% | | |
| Repair and Maint. | | 0 | | |
| Travel | | 0 | | |
| Miscellaneous | | 0 | | |
| Grants to Other Organizations | | C | | |
| List others below | | 0 | | |
| Insurance (Winstorm, Flood) | 6,500 | 17.3% | | |
| | | C | | |
| | | C | | |
| | | (| | |
| | | (| | |
| | | (| | |
| | | (| | |
| | | (| | |
| | | (| | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total Expenses | 37,527 | 100.09 | | |

ATTACHMENT E - AGENCY EXPENSES

FY12

Complete this worksheet for the entire agency. Please round all amounts to the nearest dollar.

| | Proposed Expense Budget for Upcoming Year Ending: | | Projected Expenses for Current Year Ending: | | |
|--------------------------------------|---------------------------------------------------|------|------------------------------------------------|------|--|
| | 6/30/2012 | | 6/30/2011 | | |
| Expenditures | Total | % | Total | % | |
| Salaries | 547,488 | 53% | 547,488 | 52% | |
| Payroll Taxes | 53,735 | 5% | 53,735 | 5% | |
| Employee Benefits | 96,876 | 9% | 96,876 | 9% | |
| Subtotal Personnel | 698,099 | 68% | 698,099 | 66% | |
| Payroll/PEO Mgmt. Fees | 15,120 | 1% | 16,926 | 2% | |
| Staff Training & Recertifications | 1,200 | 0% | 1,500 | 0% | |
| Stipends | 1,000 | 0% | 2,500 | 0% | |
| Office Supplies/Equipment | 6,000 | 1% | 6,200 | 1% | |
| Telephone/Communications | 12,800 | 1% | 12,848 | 1% | |
| Professional Fees | 4,000 | 0% | 4,000 | 0% | |
| Rent/Occupancy | 9,775 | 1% | 7,117 | 1% | |
| Mortgage & Interest Expense | 34,170 | 3% | 34,170 | 3% | |
| Utilities | 87,900 | 9% | 89,854 | 8% | |
| Maintenance Repair & Supplies | 12,800 | 1% | 13,156 | 1% | |
| Travel & Accomodations | 2,000 | 0% | 2,000 | 0% | |
| List others below | | 0 | | 0 | |
| Postage/Courier | 2,600 | 0% | 2,600 | 0% | |
| Security Alarm Service | 235 | 0% | 350 | 0% | |
| Insurance/Liability, Winstorm, etc. | 24,397 | 2% | 23,506 | 2% | |
| Hurricane Readiness/Generator System | 2,500 | 0% | 39,064 | 4% | |
| Household Supplies | 4,800 | 0% | 9,200 | 1% | |
| Passenger Vans/Expense | 3,500 | 0% | 3,500 | 0% | |
| Client Services/Bus Passes | 1,800 | 0% | 1,800 | 0% | |
| Client Services/Hygiene | 1,200 | 0% | 1,200 | 0% | |
| Anti-Drug Abuse Testing | 20,000 | 2% | 12,050 | 1% | |
| Client Services / Bulk Food | 23,000 | 2% | 23,000 | 2% | |
| Fundraising Expense | 3,500 | 0% | 3,800 | 0% | |
| Administration | 14,067 | 1% | 13,113 | 1% | |
| KOTS General Operations | 39,604 | 4% | | 4% | |
| | | 0 | | 0 | |
| | | C | | 0 | |
| Total Expenses | 1,026,067 | 100% | 1,059,218 | 100% | |
| Revenue Over/(Under) Expenses | 0 | | 0 | | |

ATTACHMENT F - AGENCY REVENUE

FY12

Complete this worksheet for the entire agency.

Please round all amounts to the nearest dollar.

In-Kind will not be included in percentages or total.

| | Proposed Revenue Budget for Upcoming Year Ending: | | Projected Revenue for Current Year Ending: 6/30/2011 | | | |
|----------------------------|------------------------------------------------------|---------|------------------------------------------------------|-----------|---------|----------------|
| | 6/30/2012 | | | | | |
| Revenue Sources | Cash | In-Kind | %-age of Total | Cash | In-Kind | %-age of Total |
| Monroe County | 37,527 | | 4% | 38,742 | | 4% |
| Children and Fam | 76,565 | | 7% | 139,681 | | 13% |
| M.C. Sheriff's Dept. | 0 | | 0% | 0 | | 0% |
| Key West (KOTS) | 323,537 | | 32% | 312,114 | | 29% |
| Marathon | 0 | | 0% | 0 | | 0% |
| Islamorada | 0 | | 0% | 0 | | 0% |
| Layton | 0 | | 0% | 0 | | 0% |
| Key Colony Beach | 0 | | 0% | 0 | | 0% |
| Client fees | 286,963 | | 28% | 266,852 | | 25% |
| Donations | 50,000 | | 5% | 55,000 | | 5% |
| Sheriff Shared Asset | 7,946 | | 1% | 7,250 | | 1% |
| United Way | 13,750 | | 1% | 6,500 | | 1% |
| List all others below | | | 0% | | | 0% |
| Client Transportation | 4,300 | | 0% | 3,800 | | 0% |
| Emergency Food & Shelter | 0 | | 0% | 0 | | 0% |
| SE Episcopal Foundation | 11,500 | | 1% | 9,262 | | 1% |
| U.S. Dept of HUD | 175,879 | | 17% | 169,517 | | 16% |
| Interest Income | 600 | | 0% | 500 | | 0% |
| Administrative Fees | 37,500 | | 4% | 50,000 | | 5% |
| City of Key West/Poinciana | | 661,570 | 0% | | 661,570 | 0% |
| | | | 0% | | | 0% |
| | | | 0% | | | 0% |
| | | | 0% | | | 0% |
| | | | 0% | | | 0% |
| | | | 0% | | | 0% |
| | | | 0% | | | 0% |
| | | | 0% | | | 0% |
| | | | 0% | | | 0% |
| | | | 0% | | | 0% |
| - | | | 0% | | | 0% |
| | | | 100% | | | 100% |
| Total Revenue | 1,026,067 | 661,570 | | 1,059,218 | 661,570 | |

Financial Statements and Supplementary Information

For the Year Ended June 30, 2010

TABLE OF CONTENTS

| | PAGE |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Independent Auditors' Report | 1 - 2 |
| Statement of Financial Position | 3 |
| Statement of Activities and Changes in Net Assets | 4 - 5 |
| Statement of Cash Flows | 6 |
| Notes to Financial Statements | 7 - 16 |
| Schedule of Financial Assistance | 17 - 20 |
| Independent Auditors' Report on Compliance and on Internal Control over Financial Reporting Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards | 21 - 22 |
| Independent Auditors' Report on Compliance with Requirements Applicable to Each Major Program and Internal Control over Compliance in Accordance with OMB Circular A-133 | 23 - 24 |
| Independent Auditors' Report on Compliance with Requirements Applicable to State Grants and Aids Appropriations | 25 – 26 |
| Schedule of Findings and Ouestioned Costs | 27 - 28 |

SMITH, BUZZI & ASSOCIATES, LLC.

CERTIFIED PUBLIC ACCOUNTANTS 2103 CORAL WAY, SUITE 305 MIAMI, FLORIDA 33134 TEL. (305) 285-2300 FAX (305) 285-2309

JULIO M. BUZZI, C.P.A. JOSE E. SMITH, C.P.A.

MEMBERS: AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT ON THE BASIC FINANCIAL STATEMENTS

To the Board of Directors Florida Keys Outreach Coalition, Inc.:

We have audited the accompanying statement of financial position of Florida Keys Outreach Coalition, Inc. (a non-profit organization), as of June 30, 2010, and the related statement of activities and changes in net assets and cash flows for the year then ended. These financial statements are the responsibility of Florida Keys Outreach Coalition, Inc's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America, <u>Government Auditing Standards</u>, issued by the Comptroller General of the United States and the provisions of Office of Management and Budget Circular A-133, "Audits of States, Local Governments and Non-Profit Organizations". Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Florida Keys Outreach Coalition, Inc. as of June 30, 2010 and the results of its operations and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with <u>Government Auditing Standards</u>, we have also issued a report dated September 2, 2010 on our consideration of Florida Keys Outreach Coalition, Inc's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grants.

Our audit was made for the purpose of forming an opinion on the basic financial statements taken as a whole. The additional information on pages 15 to 23 as of June 30, 2010, including the Schedule of Financial Assistance are required by the U.S. Office of Management and Budget Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations", and are presented for additional analysis and are not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Smith Buggi : Associates LLC

September 2, 2010

Statement of Financial Position

June 30, 2010

<u>Assets</u>

3 1

| Cash - checking & savings Cash - restricted | \$ 52,221 78,379 |
|----------------------------------------------------------------------------------|-----------------------------------|
| Grants and accounts receivable - FKOC Program Prepaid expenses | 14,754 14,738 |
| Fixed Assets Property and equipment Less: Accumulated Depreciation | 160,092 1,001,783 (242,556) |
| Total fixed assets | 759,227 |
| Total assets | \$ 919,319 |
| <u>Liabilities and Net Assets</u> | |
| Accounts payable and accrued expenses, including accrued interest Line of credit | \$ 22,522 - 492.604 |
| Notes payable Total liabilities | 515,126 |
| Net assets Temporarily restricted Permanently restricted Total net assets | (355,034) 759,227 404,193 |
| Total liabilities and net assets | \$ 919,319 |

See accompanying notes to financial statements.

Statement of Activities

For the Year Ended June 30, 2010

Changes in Net Assets:

| Public support and revenue: | \$ 541,669 |
|------------------------------------------------------------------------------------------------|------------------------------|
| Grants HUD program grants | 163,235 |
| Total grant revenues | 704,904 |
| Revenue: Residential fees | 203,294 |
| Donations | 57,185 |
| Donated facilities | 661,570 |
| Interest income | 985 |
| United Way | 6,753 |
| Total revenue | 929,787 |
| | |
| Total public support and revenue | 1,634,691 |
| Expenses: | 661,491 |
| Salaries, wages, benefits and contractor services Payroll processing and related payroll taxes | - 68,934 |
| Payroll processing and related payroll caxes | |
| Total salaries and related expenses | 730,425 |
| Residential food services | 15,469 🗸 |
| Keys overnight temporary shelter operations | 31,961 ✓ |
| Expanded outreach initiatives | 6,750 7,300 _ |
| Relapse prevention/ Drug test kits Resource development/Conferences meetings | 544 |
| Occupancy | 7,113 |
| Household supplies | 7,786 ﴿ |
| Client services | 2,613. |
| Maintenance supplies and repair expense | 15,257 √ |
| Van operating costs | 3,052 |
| Donated facilities | 661,570 84,568 √ / |
| Utilities | 33,840 - |
| Insurance | 21,562 |
| Interest expense Telephone communications | 14,703 4 |
| Office supplies and equipment | 5,749 |
| Postage and courier | 1,752 |
| Travel vouchers | 3,600 9 |
| Dues and subscriptions | 1,187 |
| Fundraising expenses | 1 ,695 / 3,837 |
| Other operating expenses | 931,908 |
| Total functional expenses | 1,662,333 |

See accompanying notes to financial statements.

Statement of Activities For the Year Ended June 30, 2010

t d

| Administrative: Bank charges 401(k) Professional fees Other administrative | \$ 1,694 300 3,900 1,772 |
|----------------------------------------------------------------------------|----------------------------------------------|
| Total administrative | 7,666 |
| Total expenses before depreciation | 1,669,999 |
| Depreciation | 18,600 |
| Total expenses | 1,688,599 |
| Decrease in net assets | (53,908) |
| Net assets, beginning of year | 458,101 |
| Net assets, end of year | \$ <u>404,193</u> |

Statement of Cash Flows

For the Year Ended June 30, 2010

| Cash flows from operating activities: Decrease in net assets Adjustments to reconcile decrease in net assets to net cash provided by | \$ (53,908) |
|--------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| operating activities: Depreciation | 18,600 |
| (Increase) decrease in assets: Receivables and other assets Increase (decrease) in liabilities: | (5,256) |
| Accounts payable, accrued expenses and deferred support | (4,438) |
| Net cash used by operating activities | (45,002) |
| Cash flows from investing activities: | |
| Acquisition of property, equipment and furniture | <u>(48,067</u>) |
| Net cash used by investing activities | (48,067) |
| | ** as |
| Cash flows from financing activities: Net note payable (repayments) borrowings Repayments on line of credit, net | (12,606) |
| Net cash used by financing activities | (12,606) |
| Net decrease in cash | (105,675) |
| Cash, at beginning of year | 236,275 |
| Cash, at end of year | \$ <u>130,600</u> |
| Supplemental disclosure information: | |
| Interest paid | \$ <u>23,355</u> |
| Income taxes paid | \$ |

See accompanying notes to financial statements.

Notes to Financial Statements

June 30, 2010

(1) Summary of Significant Accounting Policies

(a) Organization

33

The Florida Keys Outreach Coalition, Inc., ("FKOC") emerged from a grass roots initiative started in 1986 to respond to homelessness in Monroe County, Florida.

Incorporated in 1992 as a federal 501(c)(3) non-profit organization, FKOC is the county's largest provider of emergency shelter, transitional housing and supportive services for homeless individuals and families. FKOC provides the resources and opportunities by which to attain residential, financial and personal stability and self-sufficiency.

FKOC established an outreach center in 1994 offering information, referral and advocacy services. The first shelter was opened in 1995 to provide housing and case management for sixteen (16) homeless men in recovery from alcohol or substance abuse.

After the successful transfer of excess military property to the City of Key West, FKOC acquired two (2) former Navy Housing facilities in 1999 and converted them into transitional housing for single men. Two (2) additional buildings were secured in 2000 for homeless women and women with children. These four (4) buildings, located at Poinciana Plaza, are leased to FKOC by the City of Key West for a term of fifty (50) years at one dollar (\$1.00) per year.

The Loaves and Fish Food Pantry was opened in 2000 to provide needy individuals and families with non-perishable food, disposable diapers, and personal care items.

In 2003, FKOC purchased a residential group home, expanding the men's residential program to include twenty (20) additional beds. An outreach office was also created at the new location, now known as the Neece Center for Homeless Recovery, and the Loaves and Fish Food Pantry re-located there from its initial rented facility.

In collaboration with the City of Key West, FKOC assumed management of the Keys Overnight Temporary Shelter (KOTS) in 2004, providing emergency shelter, showers and outreach for the chronically homeless.

Notes to Financial Statements

June 30, 2010

(1) Summary of Significant Accounting Policies - (Cont.)

(a) Organization - (Cont.)

33

At present, FKOC offers seventy (70) transitional beds in three (3) facilities for homeless men; fifty-six (56) transitional beds for a mix of homeless women and children; and one-hundred twenty six (126) emergency beds (with an additional twelve(12) overflow beds) for chronically homeless adults.

87% of clients in FKOC's transitional housing program exited to permanent housing during 2010.

Funding was obtained in 2009 for major renovations of the four (4) transitional housing facilities at Poinciana Plaza. The project was completed in August 2010.

In 2008, FKOC purchased a vault at Key West Cemetery for the cremated remains of more than 300 homeless persons who die without the means for proper disposition.

FKOC's first endowment fund was created in 2008 under the management of the Community Foundation of the Florida Keys.

(b) Basis of Presentation

The financial statements of FKOC have been prepared on the accrual basis of accounting and conform to accounting principles generally accepted in the United States of America as applicable to not-for-profit organizations.

FKOC has adopted statement of Financial Accounting Standards (SFAS) No. 117, "Financial Statements of Not-for-Profit Organizations". Under SFAS No. 117, FKOC is required to report information regarding its financial position and activities according to three classes of net assets, based upon the existence or absence of donor-imposed restrictions. As permitted by these standards, FKOC does not use fund accounting. The present classes of net assets are reported as follows:

Notes to Financial Statements

June 30, 2010

(1) Summary of Significant Accounting Policies - (Cont.)

(b) Basis of Presentation - (Cont.)

17 18

- Unrestricted Net Assets Net assets that are not subject to donor-imposed stipulations.
- Temporarily Restricted Net Assets Net assets subject to donor-imposed stipulations that may or will be met either by actions of FKOC and/or the passage of time. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statements of activities as net assets released from restrictions.
- Permanently Restricted Net Assets Net assets subject to donor-imposed stipulations that FKOC maintain them permanently. Generally, the donors of these assets permit FKOC to use all or part of the income on any related investments for general or specific purposes.

The costs of providing the various programs and other activities have been detailed in the accompanying statement of Activities and Changes in Net Assets.

Salaries and other expenses which are associated with a specific program are charged directly to that program. Salaries and other expenses which benefit more than one program are allocated to the various programs based on the relative costs incurred. Administrative and other support expenses are allocated to the various programs based on each program's salary expense.

Notes to Financial Statements

June 30, 2010

(1) Summary of Significant Accounting Policies - (Cont.)

(c) Support and Expenses

Contributions received and unconditional promises to give are measured at their fair values and are reported as an increase in net assets. For the year ended June 30, 2010, Florida Keys Outreach Coalition, Inc. provided community support through the following programs:

- HUD Funded Special Needs Assistance HUD funded transitional housing and support referral services for homeless intervention services. Support for this program is provided by Federal Funds.
- Transitional Housing services Temporary housing for men and women recovering from substance abuse and/or mental health disorders. Support for this program is provided by Monroe County, Federal and State Funds, as well as client fees.
- Emergency Shelter Temporary overnight shelter and showers for chronically homeless adults is fully funded by the City of Key West with in-kind property, labor and utility expenses provided by the Monroe County Sheriff's Office.

Expenses are recorded when incurred in accordance with the accrual basis of accounting.

(d) Assets Restricted to Investment in Property and Equipment and Leasehold Improvements

Assets restricted to Investment in Property and Equipment are capitalized at cost and include expenditures for improvements and betterments which substantially increase the useful lives of existing property and equipment. Depreciation is provided on the straight-line basis over the estimated useful lives of the assets and includes the amortization of assets recorded under capital leases. Items with values less than \$1,000 are expensed.

Notes to Financial Statements

June 30, 2010

(1) Summary of Significant Accounting Policies - (Cont.)

(d) Assets Restricted to Investment in Property and Equipment and Leasehold Improvements - (Cont.)

Donations of property and equipment are recorded as support at their estimated fair value. Such donations are reported as unrestricted support unless the donor has restricted the donated asset to a specific purpose. Assets donated with explicit restrictions regarding their use and contributions of cash that must be used to acquire property and equipment are reported as restricted support.

Furniture and equipment are depreciated using the straightline method over their useful lives. Leasehold improvements are being amortized over the shorter of the lease term or useful life.

(e) Grants and Contributions

Grants and contributions are recorded when earned or received by FKOC and are considered unrestricted as to Board of Director determination of use unless otherwise stated by the donor. Restricted grants, for specifically funded projects, are recognized as support to the extent that resources are utilized for the purposes specified by the donors. Any unexpended funds are recorded as deferred support.

(f) Revenues and Expenses

Interest income is recorded when earned. Expenses are recorded when incurred. Grants by FKOC to subrecipients are recorded as expense when approved or special conditions are met. Gift other than cash are recorded at their estimated fair value at the date of contribution.

Notes to Financial Statements

June 30, 2010

(1) Summary of Significant Accounting Policies - (Cont.)

(g) Donated services, Materials and Facilities

FKOC receives donated services from a variety of unpaid volunteers. No amounts have been recognized in the financial statements. FKOC received approximately 23,287 hours in volunteer hours during fiscal 2010.

(h) Functional Allocation of Expenses

The cost of providing various programs and other activities has been summarized on a functional basis in the statement of activities. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

(i) <u>Income Taxes</u>

FKOC was organized as a non-profit organization and has received exemption under the provisions of Section 501(c)(3) of the Internal Revenue Code. Accordingly, no provision for income taxes is provided for in the accompanying financial statements.

(j) <u>Cash and Cash Equivalents</u>

For purposes of the statement of cash flows cash and cash equivalents consists of cash in banks.

(k) Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Notes to Financial Statements

June 30, 2010

(1) Summary of Significant Accounting Policies - (Cont.)

(1) Allocation of Expenses

Certain common expenses which benefit more than one program are allocated based on estimated time of employees involved, percentages of assets utilized and to the extent permitted in funding source contracts.

(m) Allowance for Uncollectible Accounts

No allowance for uncollectible accounts was made for the year ended June 30^{th} , 2010. Certain receivables were written off during fiscal 2010.

(n) <u>Deferred Revenues</u>

Grant revenues which have not been expended at the end of the fiscal year are recorded as deferred revenue until they are expended for the purpose of the grant, at which time they are recognized as revenues.

(o) Long-Lived Assets

FKOC reviews the carrying values of its long-lived assets for possible impairment whenever events or changes in circumstances indicate that the carrying amount of the assets may not be recoverable. No adjustment has been provided for in the financial statements.

p) Concentrations of Credit and Market risk

Financial instruments that potentially expose the organization to concentrations of credit and market risk consist primarily of cash equivalents. Cash and cash equivalents are maintained in a high quality financial institutions and credit exposure is limited at any one institution. The organization has not experienced any losses on its cash equivalents

Notes to Financial Statements

June 30, 2010

(2) Property and Equipment

A summary of major classes of depreciable property at June 30, 2010 follows:

| Land | \$ | 130,000 |
|---------------------------|----|---------|
| Building and improvements | · | 761,378 |
| Furniture and equipment | | 63,334 |
| Transportation Van | _ | 47,071 |
| 7 T | | |

1,001,783

Less accumulated Depreciation

(242,556)

\$ 759,227

Depreciation expense amounted to \$18,600 for the year ended June 30, 2010. Equipment includes primarily furniture and fixtures and office equipment.

(3) Grants Receivable

Grants and contract receivables amounted to \$14,754 at June 30, 2010. These amounts represent billings for support earned prior to year end from grants and contracts received by FKOC.

(4) Lease Occupancy

Florida Keys Outreach Coalition, Inc. had entered into a lease agreement for the premises located at 3714 Flagler Avenue, Key West, Florida known as "The Sunshine House". The terms of the lease were as follows:

Base rent in the amount of \$53,568 per annum. The lease required that the tenant pay all other operating costs, known as a "triple net" lease. The lease expired and was renewed, on a month to month basis, and ended during the fiscal year 2001. Residential programs and office space are provided under a separate lease agreement with the Key West Housing Authority. The transitional housing and office space is located at the Poinciana Housing site in Key West. The term of the sublease is fifty (50) years unless the term is in conflict with the City Charter. In that event, the term of the

Notes to Financial Statements

June 30, 2010

(4) Lease Occupancy - (Cont.)

2 3

lease is twenty (20) years. Annual rent expense is one dollar (\$1) per building, or four dollars (\$4) per year. These financial statements reflect the "in-kind" donation of approximately \$661,570 based on management estimates representing the fair market value of the transitional housing as provided by the Key West Housing Authority. In addition \$7,113 was incurred in rent expense related to the Department of Juvenile Justice Program.

(5) Summary of State and Local Awards

Monroe Board of County Commissioners - For the year ended June 30, 2010, Florida Keys Outreach Coalition, Inc. received a grant from Monroe Board of County Commissioners passed through the Human Services Advisory Board as additional funds used to provide for administrative costs. A portion of this grant was recognized as revenue in fiscal 2009. The agreement does not require matching funds and Florida Keys Outreach Coalition, Inc. is reimbursed for the administrative costs. These funds are used towards the 25% match requirement from HUD.

<u>Middle Keys Guidance Clinic</u> - For the year ended June 30, 2010, Florida Keys Outreach Coalition, Inc. received from Middle Keys Guidance Clinic reimbursements for client local travel. Under the outreach program clients receive local monthly bus tickets. The Guidance Clinic would reimburse Florida Keys Outreach Coalition, Inc. at the rate of \$15.00 per ticket providing clients used the tickets a minimum of sixteen (16) times per month.

In February 2004, the Florida Keys Outreach Coalition entered into an agreement with the Middle Keys Guidance Clinic designated by the Community Transportation Coordinator (CTC) to reimburse the provider (FKOC) for transportation service trips in addition to the current allocation of local bus passes. The rate of reimbursement was set at \$5.70 per one-way trip, plus \$0.31 per mile in excess of 10 miles per one-way trip.

FLORIDA KEYS OUTREACH COALITION, INC.

Notes to Financial Statements

June 30, 2010

(6) Notes Payable

3. 3

In February 2003, FKOC purchased a residential group home in Key West, Florida. The purchase was made from a non-affiliated non-profit organization. The purchase price was \$700,000. As part of the purchase, FKOC borrowed \$500,000 from a local bank. The loan carries an adjustable rate with interest at 4.25% at June 30, 2010. The note requires monthly payments of principal and interest in the amount of \$2,847.28. The loan matures on March 1st, 2033. Interest expense for fiscal 2010 amounted to \$21,562. The balance outstanding at June 30, 2010 is \$492,604 and accrued interest amounted to \$-0-at that date.

(7) Line of Credit

On June 30, 2007, FKOC entered into a \$100,000 line of credit agreement with a local bank. The line was renewed at Wall Street prime + 1%. 5% at August 1st, 2008. The balance outstanding at June 30, 2010 amounted to \$-0- and interest expense amounted to \$-0- for 2010.

(8) Commitments and Contingencies

FKOC has received contracts as well as grant monies from various entities on a cost reimbursement basis, which were disbursed for specific purposes and are subject to audit by the granting agencies. Such audits may result in request for reimbursements due to disallowed expenditures. Based upon prior experience, FKOC does not believe that such disallowances, if any, would have a material effect on the financial position of the organization.

FLORIDA KEYS OUTREACH COALITION, INC.

17.17

Schedule of Financial Assistance (Single Audit)

For the Year Ended June 30, 2010

| <u>Program Title</u> Federal Awards: | Grant ID# CFDA # | Period <u>Covered</u> | Expenditure |
|-------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|-------------|
| U.S. Dept. of Housing and Urban Development. Special Needs Assistance Program for Sun Houses /25% match requirement. | FL 0274B4D040801 14.235 | 02-01-09 to 01-31-10 | \$ 91,873 |
| U.S. Dept. of Housing and Urban Development. Special Needs Assistance Program for Sun Houses /25% match requirement. | FL 0274B4D040802 14.235 | 02-01-10 to 01-31-11 | 71,362 |
| Dept. of Children and Families Emergency Housing Grant #KF136. 100% match requirement. | 14.231 | 08-16-09 to 06-30-10 | 75,000 |
| Dept. of Children and Families Emergency Housing Grant #KFZ35. 100% match requirement. | 14.231 | 02-02-10 to 06-30-11 | 32,349 |
| Dept. of Children and Families. Challenge Grant # KFZ30-04 (Passed through Southernmost Homeless League aka SHAL, Inc.) | 14.231 | 10-01-09 to 06-30-10 | 12,656 |
| Emergency Food and Shelter Program FEMA. State set aside. Passed through Samuel's House. | 97.024 | 03-01-09 to 11-30-09 | 1,800 |

FLORIDA KEYS OUTREACH COALITION, INC.

| Assistance | |
|------------|---------------|
| Financial | (Single Audit |
| οf | S |
| Schedule | |

For the Year Ended June 30, 2010

| Expenditure | 2,971 | 288,011 | 33,382 | 7,250 |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Period <u>Covered</u> | 04-01-09 to 11-30-09 | | 10-01-09 to 09-30-10 | 04-22-10 to 12-15-10 |
| CFDA # | 97.024 | | ı | 1 |
| Program Title | <pre>Federal Awards: - (Cont.) Emergency Food and Shelter Program FEMA./ The American Recovery and Reinvestment Act. Passed through Samuel's House.</pre> | Total Federal Awards | State and Local Awards: Human Services Organization - Monroe County BOCC - Funds used toward HUD 25% match requirement. | Sheriff Asset Forfeiture Fund - Administered by Monroe County Sheriff's Dept. Substance Abuse Relapse Prevention. Funding from SAFF to be applied to meet 25% HUD match Requirement. |

FLORIDA KEYS OUTREACH COALITION, INC.

Schedule of Financial Assistance (Single Audit)

For the Year Ended June 30, 2010

| Expenditure | | 8,694 | 111,584 | 278,448 | 1,223 |
|--------------------------|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Period <u>Covered</u> | | 07-01-09 to 06-30-10 | 10-01-08 to 09-30-09 | 10-01-09 to 09-30-10 | 07-01-09 to 06-30-09 |
| CFDA # | | 1 | I | 1 | 1 |
| Program Title_ | State and Local Awards - (Cont.): | Guidance Clinic of Middle Keys Coordinator/Operator Contract Agreement Trip Reimbursement for Transportation of the Disadvantaged. | City of Key West Commission Keys Overnight Temporary Shelters. Management Agreement | City of Key West Commission Keys Overnight Temporary Shelters. Management Agreement | Guidance Clinic of Middle Keys. Coordinator/ Operator Contract Agreement. Buss Pass Reimbursement for Transportation Disadvantaged. |

FLORIDA KEYS OUTREACH COALITION, INC.

Schedule of Financial Assistance (Single Audit)

For the Year Ended June 30, 2010

Covered Period CFDA # Program Title

٠

2,500

08-24-09

City of Key West Police Asset Forfeiture Fund Substance Abuse Relapse Prevention.

State and Local Awards - (Cont.):

Expenditure

Total State/Local Awards

Total Federal, State and Local Awards

\$ 731,092

443,081

-20-

SMITH, BUZZI & ASSOCIATES, LLC.

CERTIFIED PUBLIC ACCOUNTANTS
2103 CORAL WAY, SUITE 305
MIAMI, FLORIDA 33134
TEL. (305) 285-2300
FAX (305) 285-2309

JULIO M. BUZZI, C.P.A. JOSE E. SMITH, C.P.A.

MEMBERS: AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT ON COMPLIANCE WITH
REQUIREMENTS APPLICABLE TO EACH MAJOR PROGRAM AND INTERNAL
CONTROL OVER COMPLIANCE IN ACCORDANCE
WITH OMB CIRCULAR A-133

To the Board of Directors of Florida Keys Outreach Coalition, Inc.:

Compliance

We have audited the compliance of Florida Keys Outreach Coalition, Inc. ("FKOC")(a non-profit organization) with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) Circular A-133 Compliance Supplement that are applicable to each of its major federal programs for the year ended June 30, 2010 and have issued our report thereon dated September 2, 2010. FKOC's major federal programs are identified in the accompanying schedule of federal and non-federal financial awards. Compliance with the requirements of laws, regulations, contracts and grants applicable to each of its major federal programs is the responsibility of FKOC's management. Our responsibility is to express an opinion on the FKOC's compliance based on our audit.

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States; and OMB Circular A-133 Audits of States, Local Governments, and Non-Profit Organizations. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material

effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about FKOC's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion. Our audit does not provide a legal determination on Florida Keys Outreach Coalition, Inc.'s compliance with those requirements.

In our opinion, the Association complied, in all material respects, with the requirements referred to above that are applicable to each of its major federal programs for the year ended June 30, 2010.

Internal Control Over Compliance

The management of FKOC is responsible for establishing and maintaining effective internal control over compliance with requirements of laws, regulations, contracts and grants applicable to federal programs. In planning and performing our audit, we considered FKOC's internal control over compliance with requirements that could have a direct and material effect on a major federal program in order to determine our auditing procedures for the purpose of expressing our opinion on compliance and to test and report on internal control over compliance in accordance with OMB Circular A-133.

Our consideration of the internal control over compliance would not necessarily disclose all matters in the internal control that might be material weaknesses. A material weakness is a condition in which the design or operation of one or more of the internal control components does not reduce to a relatively low level the risk that noncompliance with applicable requirements of laws, regulations, contracts and grants that would be material in relation to a major federal program being audited may occur and not be detected within a timely period by employees in the normal course of performing their assigned functions. We noted no matters involving the internal control over compliance and its operation that we consider to be material weaknesses.

This report is intended for the information of the FKOC's Board of Directors, management, and officials of applicable federal and state agencies. However, if this is a matter of public record, its distribution is not limited.

Smith Buggi & Ussociates LLC

September 2, 2010

SMITH, BUZZI & ASSOCIATES, LLC.

CERTIFIED PUBLIC ACCOUNTANTS
2103 CORAL WAY, SUITE 305
MIAMI, FLORIDA 33134
TEL. (305) 285-2300
FAX (305) 285-2309

JULIO M. BUZZI, C.P.A. JOSE E. SMITH, C.P.A.

MEMBERS:
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT ON COMPLIANCE AND ON INTERNAL CONTROL

OVER FINANCIAL REPORTING BASED ON AN AUDIT OF

FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE

WITH GOVERNMENT AUDITING STANDARDS

To the Board of Directors of Florida Keys Outreach Coalition, Inc.:

We have audited the financial statements of Florida Keys Outreach Coalition, Inc., ("FKOC") (a non-profit organization) as of and for the year ended June 30, 2010 and have issued our report thereon dated September 2, 2010. We conducted our audit in accordance with generally accepted auditing standards and <u>Government Auditing Standards</u>, issued by the Comptroller General of the United States.

Compliance

As part of obtaining reasonable assurance about whether the Association's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grants, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance that are required to be reported under Government Auditing Standards.

Internal Control Over Financial Reporting

In planning and performing our audit, we considered FKOC's internal control over financial reporting in order to determine our auditing procedures for the purpose of expressing our opinion on the financial statements and not to provide assurance on the internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of FKOC's internal control over reporting.

A control deficiency exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect misstatements on a timely basis. A significant deficiency is a control deficiency, or combination of control deficiencies, that adversely affects the entity's ability to initiate, authorize, record, process, or report financial data reliably in accordance with generally accepted accounting principles such that there is more than a remote likelihood that a misstatement of the entity's financial statements that is more than inconsequential will not be prevented or detected by the entity's internal control.

A material weakness is a significant deficiency, or combination of significant deficiencies, that results in more than a remote likelihood that a material misstatement of the financial statements will not be prevented or detected by the entity's internal control.

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and would not necessarily identify all deficiencies in internal control that might be significant deficiencies or material weaknesses. We did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses, as defined above.

This report is intended for the information of FKOC's Board of Directors, management, and officials of applicable federal and state agencies. However, if this report is a matter of public record, its distribution is not limited.

mith Buzzi : Associates LLC

September 2, 2010

SMITH, BUZZI & ASSOCIATES, LLC.

CERTIFIED PUBLIC ACCOUNTANTS 2103 CORAL WAY, SUITE 305 MIAMI, FLORIDA 33134 TEL. (305) 285-2300 FAX (305) 285-2309

JULIO M. BUZZI, C.P.A. JOSE E. SMITH, C.P.A.

MEMBERS:
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT ON COMPLIANCE AND INTERNAL CONTROL OVER

COMPLIANCE APPLICABLE TO EACH MAJOR FEDERAL AWARDS

PROGRAM AND STATE FINANCIAL ASSISTANCE PROJECT

To the Board of Directors of Florida Keys Outreach Coalition, Inc.:

We have audited the compliance of Florida Keys Outreach Coalition, Inc. ("FKOC") (a non-profit organization) with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) Circular A-133 Compliance Supplement and the requirements described in the Department of Financial Services State Projects Compliance Supplement that are applicable to each of its major federal programs and state financial assistance projects for the year ended June 30, 2010. FKOC's major federal programs and state financial assistance projects are identified in the summary of auditor's results sections of the accompanying Schedule of Findings and Questioned Costs. Compliance with the requirements of laws, regulations, contracts and grants applicable to each of its major federal programs and state financial assistance projects is the responsibility of FKOC's management. Our responsibility is to express an opinion on FKOC's compliance based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States; and OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations"; and Chapter 10.650 Rules of the Auditor General. Those standards, OMB Circular A-133, and Chapter 10.650 Rules of the Auditor General require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal award program or state financial assistance projects occurred. An audit includes examining, on a test basis, evidence about FKOC's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion. Our audit does not provide a legal determination on FKOC's compliance with those requirements.

In our opinion, FKOC complied, in all material respects, with the requirements referred to above that are applicable to each of its major federal awards programs and state financial assistance projects for the year ended June 30, 2010.

Internal Control Over Compliance

The management of FKOC is responsible for establishing and maintaining effective internal control over compliance with requirements of laws, regulations, contracts and grants applicable to federal awards programs and state financial assistance projects. In planning and performing our audit, we considered FKOC internal control over compliance with requirements that could have a direct and material effect on a major federal award program or state financial assistance projects in order to determine our auditing procedures for the purpose of expressing our opinion on compliance and to test and report on internal control over compliance in accordance with OMB Circular A-133 and Chapter 10.650, Rules of the Auditor General.

Our consideration of the internal control over compliance would not necessarily disclose all matters in the internal control that might be material weaknesses. A material weakness is a condition in which the design or operation of one or more of the internal control components does not reduce to a relatively low level the risk that noncompliance with applicable requirements of laws, regulations, contracts and grants that would be material in relation to a major federal awards program or state financial assistance projects being audited may occur and not be detected within a timely period by employees in the normal course of performing their assigned functions. We noted no matters involving the internal control over compliance and its operation that we consider to be material weaknesses.

This report is intended for the information of the management, others within the organization and federal and state awarding agencies and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties.

mith Bugi & Associates LLC

September 2, 2010

FLORIDA KEYS OUTREACH COALITION, INC.

SCHEDULE OF FINDINGS AND QUESTIONED COSTS

YEAR ENDED DECEMBER 31, 2010

Section I - Summary of Auditor's Results

Financial Statements

| Type of auditor's report issued: | Unqualified |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Internal control over financial reporting: Material weakness(es) identified? Reportable condition(s) identified that | Yes <u>X</u> No |
| are not considered to be material weakness(es)? | YesX_None Reported |
| Noncompliance material to financial statements noted? | YesXNo |
| Federal Awards | |
| Internal control over major programs: Material weakness(es) identified? Reportable condition(s) identified that are not considered to be material | Yes X No |
| weakness(es)? | YesX_None Reported |
| Noncompliance material to financial statements noted? | Yes X No |
| Type of auditor's report issued on compliance: for major programs: | Unqualified |
| Any audit findings disclosed that are required to be reported in accordance with Section 510(a) of Circular A-133? | Yes <u>X</u> No |

FLORIDA KEYS OUTREACH COALIATION, INC. SCHEDULE OF FINDINGS AND QUESTIONED COSTS YEAR ENDED DECEMBER 31, 2010

PAGE 2

Section I – Summary of Auditor's Results – (Cont.)

Identification of major programs:

| CFDA Number(s) | Name of Federal Program or Cluster |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 14.235 | U.S. Dept. of Housing and Urban Development. Special Needs Assistance Program for Sun Houses. |
| 14.235 | U.S. Dept. of Housing and Urban Development. Special Needs Assistance Program for Sun Houses. |
| 14.231 | Dept. of Children and Families Emergency Housing Grant # KF136. |
| Dollar threshold used to distinguish between type A and type B programs: | \$ 300,000 |
| Auditee qualified as low risk auditee? | XYesNo |

Section II - Financial Statements Findings

We noted no material or reportable conditions.

Section III - Federal Award Findings and Questioned Costs

We noted no material or reportable conditions.

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

2009 Open to Public

▶305-441-1012

Yes

Form **990** (2009)

Department of the Treasury Internal Revenue Service

address, and ZIP +

Coral

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

Gables, FL

benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection For the 2009 calendar year, or tax year beginning 07/01/09 , and ending 06/30/10 Check if applicable: C Name of organization D Employer identification number use IRS Address change FLORIDA KEYS OUTREACH COALITION, INC label or Doing Business As Name change print or 65-0409898 type. Number and street (or P.O. box if mail is not delivered to street address) Initial return Room/suite Telephone number See PO BOX 4767 305-293-0641 Specific Termination City or town, state or country, and ZIP + 4 Instruc G Gross receipts\$ 1,634,691 Amended return tions KEY WEST 33041 F Name and address of principal officer: Application pending H(a) is this a group return for SAMUEL J. KAUFMAN, CHAIRMAN affiliates? Yes 1509 H(b) Are all affiliates included? JOSEPHINE STREET KEY WEST FL 33040 If "No," attach a list. (see instructions) Tax-exempt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or Website: ► WWW.FKOC.ORG H(c) Group exemption number Type of organization: X Corporation Trust Association Year of formation: 1992 M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: The mission of the FKOC is to provide homeless individuals and families Activities & Governance with the resources and opportunitie by which to attain residential, financial and personal stability and self-sufficiency. 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 Total number of employees (Part V, line 2a) 18 6 Total number of volunteers (estimate if necessary) 6 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34. Prior Year 8 Contributions and grants (Part VIII, line 1h) **Current Year** 1,767,008 Program service revenue (Part VIII, line 2g) 1,633,706 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,189 985 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,769,197 1,634,691 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 714,821 16aProfessional fundraising fees (Part IX, column (A), line 11e) 730,425 1,140 1,695 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,695 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 110,672 956,479 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 1,826,633 1,688,599 19 Revenue less expenses. Subtract line 18 from line 12 -57,436 -53,908 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 990,271 919,319 21 Total liabilities (Part X, line 26) 532,170 515,126 22 Net assets or fund balances. Subtract line 21 from line 20 458,101 404,193 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign 20/20/0 Here Signature of officer STEPHEN BRADDOCK PHD PRESIDENT & CEO Type or print name and title Preparer's Date Preparer's identifying number Paid Check if (see instructions) signature 12/06/1d Preparer's employed P00853282 Ortiz, Gomez Firm's name (or yours) Use Only and Buzzi, 65-0232836 EIN > Minorca Avenue if self-employed), Phone

| Part III Statement of Program Service Assemblishment | Page 2 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| Statement of Program Service Accomplishments | rage Z |
| 1 Briefly describe the organization's mission: The mission of the FKOC is to provide homeless individuals and fwith the resources and opportunitie by which to attain residentifinancial and personal stability and self-sufficiency. | amilies |
| 2 Did the organization undertake any significant program services during the year which were not list. | |
| the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. | Yes X No |
| 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? | |
| If "Yes," describe these changes on Schedule O. 4 Describe the exempt purpose achievements for each of the | Yes X No |
| Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4047(c)(4) to the section 501(c)(6) and 501(c)(6) organizations and section 4047(c)(4) to the section 501(c)(6) organizations and section 4047(c)(4) to the section 501(c)(6) organizations and section 4047(c)(4) to the section 501(c)(6) organizations and section 4047(c)(6) to the section 501(c)(6) organizations and section 501(c)(6) organizations and section 501(c)(6) organizations and section 501(c)(6) organization 501(| |
| Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. | |
| and revenue, if any, for each program service reported. | |
| INDIVIDUALS AND FAMILIES RECOVERING FROM HOMELESSNESS AND ITS UNICAUSES. OFFERING A SAFE AND NURTURING ENVIRONMENT, FROC OPERATES PROGRAMS TAILORED FOR MEN, WOMEN, WOMEN WITH CHILDREN, VETERANS, MENTALLY ILL, ALCOHOL AND SUBSTANCE ABUSE, VICTIMS OF DOMESTIC VICTIMS OF DOMESTIC VICTIMS OF TRANSITIONAL HOUSING PROGRAMS TO PERMANENT HOUSING AND 67% WERE EMPLOYED WITH INCREASED SKILLS AND / OR INCOME UPON EXIT. | DERLYING FIVE THE IOLENCE ANI ED THE GAINFULLY |
| · · · · · · · · · · · · · · · · · · · | |
| | |
| | *********** |
| 4b (Code:)(Expenses\$ 665,839 including grants of\$)(Revenue \$ FKOC OPERATES A 126-BED EMERGENCY SHELTER AND SHOWER PROGRAM FOR THE CHRONICALLY HOMELESS POPULATION. FKOC RECORDED 45,605 BED NIGHTS IN FY 2010.ONSITE SERVICES INCLUDE OUTREACH AND REFERRAL, AA/NA SUPPORT GROUPS, HEALTH SCREENING, FLU SHOTS, LIFE SKILLS, EDUCATIONAL CLZENGLISH AS A SECOND LANGUAGE AND SPIRITUAL PROGRAMS. | 375,243) |
| *************************************** | ****** |
| | ************ |
| * ************************************* | |
| * ************************************* | |
| * | *********** |
| A- (O-1 | |
| 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$ THE FKOC OPERATES THE LOAVES AND FISH FOOD PANTRY. THE FOOD PANTRY PROVIDES HOMELESS AND NEEDY WITH EMERGENCY GROCERIES, PERSONAL CARE ITEMS AND DISPOSABLE DIAPERS. APPROXIMATELY 6,300 MEALS WERE DISTRIBUTED DURING FY 2010. | 11,964) |
| THE FKOC OUTREACH OFFICE PROVIDES INFORMATION AND REFERRALS TO "WALK-IN" AND VIA A TOLL FREE TELEPHONE NUMBER. 1300 CONTACTS DURING FY 2010 PROVIDED INFORMATION AND REFERRALS TO MENTAL HEALTH FACILITIES, SHELTERS, MEDICAL SERVICES, FOOD PROGRAMS, MAIN STREAM | |
| 4d Other program services. (Describe in Schedule O.) | |
| (Expenses \$ including grants of\$ | |
| 4e Total program service expenses ► 1,565,712 | |
| | |

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Yes No complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 2 X candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete X 4 Schedule C, Part II X Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or-accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 complete Schedule D, Part III X Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part 9 X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable X 11 • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. • Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. • Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII. 12 X 12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional. Yes No Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? X 13 X Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 organization or entity located outside the United States? If "Yes," complete Schedule F, Part II X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 to individuals located outside the United States? If "Yes," complete Schedule F, Part III X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 17 on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Х 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Х 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule H X 20

Form 990 (2009)

| 1 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations | | Yes | N |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------|----------|
| | in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 24 | | ٦, |
| 2 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the | 21 | | X |
| | United States on Part IX, column (A), line 22 If "Yes." complete Schedule I. Parts Land III | 20 | | ٠, |
| | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | 22 | | 2 |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 22 | | ١, |
| la | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | 23 | | 2 |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines | | | |
| | 24b through 24d and complete Schedule K. If "No," go to line 25 | 24- | | ١, |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24a | | - |
| C | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | 24b | | - |
| | to defease any tax-exempt bonds? | | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24c | | <u> </u> |
| | Section 501(c)(3) and 501(c)(4) organizations. Did the organization or page in the organization of the org | 24d | | _ |
| _ | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | | | |
|) | Is the organization aware that it appeared in an aware the Schedule L, Part I | 25a | | |
| • | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a | | | |
| | prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or | | | |
| | 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | |
| | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or | | | |
| | disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | |
| | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | | | |
| | substantial contributor, or a grant selection committee member, or to a person related to such an individual? | | | |
| | If "Yes," complete Schedule L, Part III | 27 | | |
| | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | | 1000 | 100 |
| | Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| 1 | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | 700/004/1/07 | 2.00 |
|) | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | . | | Г |
| | Schedule L, Part IV | 28b | | |
| ; | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a | | | - |
| | family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, | | | |
| | Part IV | 28c | | |
| | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | x | - |
| | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | |
| | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | 30 | | - |
| | David I | 31 | | |
| | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | \vdash |
| | Schedula N. Port II | 20 | | |
| | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 32 | | \vdash |
| | sections 301,7701-2 and 301,7701-32 If "Yes." complete Schedule P. Port I | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, | 33 | | L |
| | III, IV, and V, line 1 | | | |
| | III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete | 34 | <u> </u> | L |
| | Schedule R. Part V. line 2 | | | |
| | Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the consciration and line in the consci | 35 | <u> </u> | L |
| | organization? If "You " complete Calendaria B. B. B. A. W. B. | | | |
| | organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | L |
| | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 1 | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, | | | |
| | Part VI | 37 | | |
| | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and | | | |
| | 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | X | |

Form 990 (2009) FLORIDA KEYS OUTREACH COALITION, INC65-0409898

| t | rart V Statements Regarding Other IRS Filings and Tax Compliance | 3038 | 3 | | P | age : |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------|----------------------------|---------------|---------------|
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of | | | | Yes | No |
| | THE THE PROPERTY OF THE PROPER | 1. | | \$4.5 c | | 1.0 |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization complex with banks. | 1a | 2 | | | |
| c | Did the organization comply with backup withholding rules for | 1b | 0 | 11.0 | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors a gaming (gambling) winnings to prize winners? | and repo | ortable | | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | 1c | Ohas sperie | 100 |
| | Statements, filed for the calendar year and the unit beautiful in | | | | Bar. I | 1 |
| b | Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 18 | | | |
| | If at least one is reported on line 2a, did the organization file all required federal employment ta: Note. If the sum of lines 1a and 2a is greater than 350. | x returns | s? | 2b | Х | 10000 |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. instructions) | (see | | | | 100 |
| 3a | | | | | | |
| | | | | | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest. | | | 3a | | X |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or cover, a financial account in a foreign country (with a second process). | | | 3b | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or otherwise)? | other au | thority | | | |
| | account)? | er finan | cial | | | |
| b | If "Yes," enter the name of the foreign country: ▶ | | | 4a | | X |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of For | | | | | |
| | water and a recording, | | nk | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax ye | _ | | \$100 miles \$100 miles | | |
| b | but the old and a second of the control of the cont | | | 5a | | X |
| C | The second of ob, did the organization file form 8886-T. Disclosure by Tay Every E. | ansactic | n? | 5b | | X |
| | Transaction: | | | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and organization solicit any contributions that | 3. 1 .1 | | 5c | | |
| | Samuel and contributions that were not tay deductible. | | | | | |
| b | res, and the organization include with every solicitation an express statement the | | | 6a | | X |
| _ | | ibutions | or | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | • • • • • • • • | | 6b | 9/10/19/20/20 | 2 3185188 |
| а | and organization receive a payment in excess of \$75 made portly as a sent it is | , for ac- | | | | |
| | | | | | | |
| b | | • • • • • • • | | 7a | | *********** |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which | it wae | | 7b | | |
| | 1 10 110 1 0111 0202 | it was | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | <u>7c</u> | Galety Living | V 1.088869556 |
| е | Did the organization, during the year, receive any funds, directly or indirectly, or | n a ners | onal | | | |
| 4 | | | | 1 No. 1 No. 1 | | |
| , | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit of | contract | | 7e | -+ | |
| g h | or qualified liftellectual Dropperty did the organization of a | | | 7f | | |
| •• | required? | 98-C as | ······································ | | | |
| 8 | | | | 7h | | |
| • | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations. | ng | • • • • • • • • • • • • • • • • • • • • | *** | 200 00 0 | N. 100 N.S |
| | | | | | | |
| 9 | - 94 median, make excess business holdings at any time during the year? | _ | | 8 | Mark A | |
| а | Sponsoring organizations maintaining donor advised funds. | | ************* | | SE 1 | 10.000 |
| b | Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor donor donor donor donor. | | | 9a | 416 (S) | |
| 10 | Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: | | ********* | 9b | | |
| а | Initiation fees and capital ca | | | | × 1 | |
| b | Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 999, Part VIII, line 40, 6 | 10a | , | | | |
| 11 | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: | 10b | | | | |
| | Gross income from members or shareholders | , . | | | | |
| b | Gross income from other sources (Do not not amounts at | 11a | | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | | 8 - H | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts to the | 11b | | | | |
| b | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of F If "Yes," enter the amount of tax-exempt interest received or accrued during the year | orm 104 | 1? | 12a | - American | 1,007 |
| | amount of tax-exempt interest received or accrued during the year | 12b | | | | |

Form 990 (2009) FLORIDA KEYS OUTREACH COALITION, INC65-0409898

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Part VI Schedule O. See instructions.
Section A. Governing Body and Manager

| | aton A. Governing Body and Management | | | | |
|-----|-----------------------------------------------------------------------------------------------------------------------|-------------------|-------------|-------------------|-----------------------------------------|
| 1a | Enter the number of voting members of the governing body | | | Yes | No |
| b | Enter the number of voting members that are independent | 13 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | 0 | | | |
| | any other officer, director, trustee, or key employee? | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | 2 | | <u>X</u> |
| | supervision of officers, directors or trustees, or key employees to a management company or other person? | | | | |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed | | 3 | | X |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | ? | 4 | | <u>X</u> |
| 6 | DOES TOP OF CARTEST AND | | 5 | | X |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members | | 6 | | X |
| | of the governing body? | | | | |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | | 7a | | <u>X</u> |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | 7b | 2 1 1 1 | <u> </u> |
| | the year by the following: | | | | |
| а | The governing body? | | | 514 | |
| b | Each committee with authority to act on behalf of the governing body? | | 8a | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached | | 8b | X | |
| | at the organization's mailing address? If "Yes," provide the names and addresses in Schodulo O | | _ | | |
| Sec | ction B. Policies (This Section B requests information about policies not required by the Intervenue Code.) | <u></u> | 9 | | <u> </u> |
| Rev | venue Code.) | ariai | | | |
| | | | | | |
| 10a | Does the organization have local chapters, branches, or affiliates? | 1 | 10 | Yes | No |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, | | 10a | | <u> </u> |
| | affiliates, and branches to ensure their operations are consistent with those of the organization? | | 401 | | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the | | 10b | | *************************************** |
| | form? | | 44 | v | |
| 11a | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | 11 | X | 10.0000 |
| 12a | Does the organization have a written conflict of interest policy? If "No." go to line 13 | | 100 | Х | 20.135668 |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give | | 12a | A | |
| | rise to conflicts? | | 406 | х | |
| C | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | • • • • • • • • • | 12b | Λ | |
| | describe in Schedule O how this is done | | 120 | х | |
| 13 | boes the organization have a written whistleblower policy? | | 12c 13 | X | |
| 14 | Does the organization have a written document retention and destruction policy? | | 14 | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | 1 -7 | anaer | (C) 110 (S) (E) |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | |
| a | The organization's CEO, Executive Director, or top management official | | 15a | х | |
| þ | Other officers or key employees of the organization | | 15a | 42 | X |
| | The result line road or rob, describe the process in Schedule O. (See instructions.) | | 100 | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | Kar A. | | |
| | with a taxable entity during the year? | | 16a | Arches. | X |
| b | res, has the organization adopted a written policy or procedure requiring the organization to evaluate | ****** | Ju | | |
| | its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard | | | | |
| | the organization's exempt status with respect to such arrangements? | | 16b | NATURAL PROPERTY. | 85-14-02886 |
| | C. Disclosure | | | <u> </u> | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶None | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only | v) | | | |
| | available for public inspection, Indicate how you make these available. Check all that apply | • • | | | |
| | Own website Another's website X Upon request | | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interes | t | | | |
| | policy, and inancial statements available to the public. | | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the | | | | |
| | organization: Signa Pecora 5503 College Road, Suit | E # 21 | 1 | | |
| K. | FL 33040 | 3.05 | -29 | 3 - 0 | 641 |

Form 990 (2009)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

| Name and Title | Check this box if the organizat (A) | (B) | | | ((| C) | | | (D) | /F-1 | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------|---|----------|------|-------|---|----------|-----------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------|
| PAUL CLATION | | Average hours per | | | chec | k all | | | Reportable compensation from the organization | Reportable compensation from related organizations | Estimated amount of other compensation from the organization and related |
| REV RANDOLPH BECKER DIRECTOR ERIC NICHOLS DIRECTOR JENNIE WOLF JENNIE WOLF DIRECTOR DENNIE W WARD ESQ DIRECTOR REV SARAH FOWLER DIRECTOR DIRECTOR TOO X DR. LAWRENCE L SCHENK DIRECTOR TOO X DR. LAWRENCE L SCHENK DIRECTOR DIRECTOR TOO X DR. ROSE CHAN DIRECTOR TOO X DR. ROSE CHAN DIRECTOR TOO X DURECTOR TOO X THE BRADDOCK PH.D PRESIDENT TOO X STEPHEN E BRADDOCK PH.D PRESIDENT TOO X STEPHEN FECORA TOO | DIRECTOR | 1.00 | x | | | | | | 0 | | |
| ERIC NICHOLS DIRECTOR 1.00 X 0 DIRECTOR 1.00 X 0 DENNIE WOLF DIRECTOR 1.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 | REV RANDOLPH BEC | KER | | | | | | | | | |
| JENNIE WOLF | | | | | | | | | | 0 | (|
| DENNIE W WARD ESQ DIRECTOR 1.00 X 0 0 REV SARAH FOWLER DIRECTOR 1.00 X 0 0 DR. LAWRENCE L SCHENK DIRECTOR 1.00 X 0 0 RONALD ROBERTS DIRECTOR 1.00 X 0 0 DR. ROSE CHAN DIRECTOR 1.00 X 0 0 STEPHEN E BRADDCCK PH.D D PRESIDENT 40.00 X 88,200 0 GINA R PECORA DEP DIRECTOR 40.00 X 60,655 0 SAMUEL KAUFMAN ESQ CHARMAN 1.00 X 0 0 DOUGLAS BRADSHAW FREASURER 1.00 X 0 0 JOHN SANGSTON SECRETARY 1.00 X 0 0 JIMMY WEEKLEY 1.00 X 0 0 | | | | | | | | | | 0 | |
| REV SARAH FOWLER | DENNIE W WARD ES | Q | | | | ,5 | | | | 0 | |
| DR. LAWRENCE L SCHENK DIRECTOR 1.00 X 0 0 RONALD ROBERTS DIRECTOR 1.00 X 0 0 DR. ROSE CHAN DIRECTOR 1.00 X 0 0 STEPHEN E BRADDCCK PH.D. PRESIDENT 40.00 X 88,200 0 GINA R PECORA DEP DIRECTOR 40.00 X 60,655 0 SAMUEL KAUFMAN ESQ CHAIRMAN 1.00 X 0 0 DOUGLAS BRADSHAW IREASURER 1.00 X 0 0 JOHN SANGSTON SECRETARY 1.00 X 0 0 JIMMY WEEKLEY | REV SARAH FOWLER | | | | | | | | 0 | 0 | |
| RONALD ROBERTS | DR. LAWRENCE L S | CHENK | | | | | | | 0 | 0 | · |
| DR. ROSE CHAN DIRECTOR STEPHEN E BRADDCK PH.D PRESIDENT GINA R PECORA DEP DIRECTOR SAMUEL KAUFMAN ESQ CHAIRMAN DOUGLAS BRADSHAW TREASURER JOHN SANGSTON SECRETARY JIMMY WEEKLEY VICE-CHAIR 1.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 | RONALD ROBERTS | | | | | | | | 0 | 0 | |
| STEPHEN E BRADDCCK PH.D | DR. ROSE CHAN | | | | | | | | 0 | 0 | |
| GINA R PECORA DEP DIRECTOR 40.00 X 60,655 0 CHAIRMAN 1.00 X 0 0 DOUGLAS BRADSHAW TREASURER 1.00 X 0 0 JOHN SANGSTON SECRETARY 1.00 X 0 0 JIMMY WEEKLEY VICE-CHAIR 1.00 Y | STEPHEN E BRADDO | CK PH.D | X | | | | _ | \dashv | 0 | 0 | |
| SAMUEL KAUFMAN | GINA R PECORA | | | | Х | | _ | | 88,200 | 0 | |
| DOUGLAS BRADSHAW TREASURER 1.00 X 0 0 JOHN SANGSTON SECRETARY 1.00 X 0 JIMMY WEEKLEY VICE-CHAIR 1.00 Y | SAMUEL KAUFMAN E | <u>40.00</u> SQ | | | X | | _ | | 60,655 | 0 | |
| JOHN SANGSTON SECRETARY JIMMY WEEKLEY VICE-CHAIR 1.00 X 0 0 0 | DOUGLAS BRADSHAW | 1.00 | | | X | | _ | | 0 | 0 | (|
| JIMMY WEEKLEY VICE-CHAIR 1.00 Y | JOHN SANGSTON | 1.00 | | | X | | - | | 0 | o | (|
| | JIMMY WEEKLEY | 1.00 | | | X | | | | 0 | 0 | (|
| | VICE-CHAIR | 1.00 | | \dashv | Х | | _ | | 0 | 0 | |
| | | | | | | | | | | | |

Form **990** (2009)

more than \$100,000 in compensation from the organization

DAA

| Pi | art \ | VIII State | ment of Rev | enue | | OALL LION, II | <u>1000-040989</u> | 8 | Page 9 |
|---------------------------------------------|---------|------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| | | | | •en en | | (A) Total revenue | (B) Related or exempt function | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections |
| grants | 1a | Federated ca | impaigns | 1a | | | revenue | Billion State and Color season in the Color | under sections 512, 513, or 514 |
| ρ̈́E | | Membership | dues | 1b | | 1 | | | |
| fts | C | Fundraising 6 | events | 1c | | | | | |
| 9 | d | Related orga | nizations | 1d | | | | | |
| sin | е | Government grant | | 1e | 831,558 | ╣ | | | |
| e ti | f | All other contribution | ons oiffs grants | | | 4 | | | |
| ĕ₽. | | and similar amoun | ts not included above | 1f | 802,148 | | | | |
| ngt | g | Noncash contributi | ons included in lines 1 | | 661,570 | | | | |
| O a | h | Total. Add lin | ies 1a-1f | ω,,, ψ, | | Internal of the property of the p | | | |
| Program Service Revenue Contributions, giff | | | 1 2 7 4 5 | ****** | Busn. Code | 1,633,706 | | \$ 15 m | |
| eve | 2a | | | | | 3 | | | |
| e R | b | | | | • • • • • • • • • • • • • • • • • • • • | | | · | |
| Vic. | С | | • • • • • • • • • • • • • • • • • • • • | • • • • • • • • • | | | <u> </u> | | |
| Ser | d | * ******** | | | | | | | |
| ᇤ | е | | | | | | | | |
| ğ. | f | All other prog | ram service reve | | | | | | |
| F | a | Total Add lin | ec 2a Of | enue | | ī | | | |
| | 3 | Investment in | es 2a-2f | | · · · · · · · · · · · · · · · · · · · | | | | |
| | | other similar | come (including | aividends | s, interest, and | | | | |
| l | 4 | Income from | amounts) | | | 985 | 985 | | |
| | 5 | Royalting | nvestment of ta | x-exempt | bond proceed | | | | |
| | J | Noyallies | (2) D1 | | | | | | |
| l | 6- | Gross Rents | (i) Real | | (ii) Personal | | | | |
| | _ | | | | | | | | |
| l | b | Less: rental exps. | | | | | | | |
| 1 | | Rental inc. or (loss | | | | | | T. 1 | |
| | d 7a | Net rental inco | | | | (10) | 200 miles (200 miles (| | |
| | | sales of assets | (i) Securities | | (ii) Other | | | | |
| | | other than inventor | | | | | | | |
| | þ | Less: cost or other | | | | | | | |
| | | basis & sales exps | | | 200 | | | | |
| l | | Gain or (loss) | | | | | | | |
| | ď | Net gain or (lo | oss) | | | | | | |
| 9 | 8a | Gross income from | om fundraising eve | ents | | | | | Walk Constant |
| evenue | | (not including \$ | | | | | | | and the second |
| Se | | of contributions i | reported on line 1c |). | | | | | |
| Other R | | See Part IV, line | 18 | а | | | | | |
| Æ | b | Less: direct ex | kpenses | b | | | | | |
| 9 | C | Net income or | (loss) from fund | raising ev | ents > | A CONTRACTOR OF THE CONTRACTOR | William Commission Commission Commission Commission Commission Commission Commission Commission Commission Com | and the second s | |
| | 9a | Gross income fro | om gaming activitie | es. | | | | 800000 | |
| | | See Part IV, line | 19 | a | | | | | |
| | b | Less: direct ex | penses | . b | | | | | |
| | C | Net income or | (loss) from gam | ina sativit | ioo | | | | |
| | 10a | Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances a | | | | 4.00 | | | |
| l | | | | | | | | | |
| | b | less cost of o | owances poods sold | . a | | | | | |
| | ~ | Net income or | (less) from | . p | | | | | |
| - | | Misce | (loss) from sale | s of inven | | | | | Marie |
| | 11a | www. | maneous Revenue | | Busn. Code | | | | |
| *************************************** | b | | | | | | | The second of th | ar was write order of a consultable |
| | | * ******** | | | | | | | |
| | C | All other | | | | | | | |
| | a | All other reven | ue | | | | | | |
| | е | otal. Add line | s 11a-11d | | | | | | |
| | 12 | Total Revenue | e. See instructio | ns | | 1,634,691 | 985 | 0 | |
| | | | | | | , , , , , , , , , , , , , , , , , , , , | | <u></u> | 0 |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns.

| 7b | o not include amounts reported on lines 6b, 9, 8b, 9b, and 10b of Part VIII. Grants and other assistance to governments and | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------------|-------------------------------------------|--------------------------------|
| | organizations in the U.S. See Part IV, line 21 | | | | CXPERISES |
| 2 | Grants and other against and all the Zi | | | All All Andrews | the constant of the constant |
| _ | Grants and other assistance to individuals in | | | | |
| 3 | the U.S. See Part IV, line 22 | | | | 100 |
| , | Grants and other assistance to governments | | | | |
| | organizations, and individuals outside the | | | | The second second |
| | U.S. See Part IV, lines 15 and 16 | | | | |
| 4 | benefits paid to or for members | | <u> </u> | 7.5 | |
| 5 | Compensation of current officers, directors | | · · | | |
| | trustees, and key employees | 148,855 | 74 420 | - | |
| 6 | Compensation not included above, to disqualified | ==0/000 | 74,428 | 74,427 | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958/01/31/p1 | | | | |
| 7 | ()ther colorion and | F10 | | | |
| 8 | Pension plan contributions (include section 401(k) | 512,636 | 512,636 | | |
| | and section 403(b) ampleyers at 11 111 | | | | |
| 9 | and section 403(b) employer contributions) | | | | |
| | Other employee benefits | 16,405 | 12,062 | 4 242 | |
| 0 | ayron taxes | 52,529 | 45,900 | 4,343 | |
| 1 | Too for actifices (Hott-employees): | | ±3,300 | 6,629 | |
| a | Management | | | | |
| ~ | Logar | | | | |
| C | Accounting | 4,200 | | | |
| d | Lobbying | 4,200 | 4,200 | | |
| | Professional fundraising services. See Part IV, line 17 | 1 60= | Christo Avitationis | | |
| f | Investment management fees | 1,695 | | ¥. | 1,69 |
| g | Other | | | | <u> </u> |
| 2 | Other | | | | |
| | raver using and promotion | | | | |
| J | Office expenses | 5,749 | | E 740 | |
| • | inclination technology | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 5,749 | |
| • | Noyaities | | | | |
| - | - souperioy | 7,113 | 7 113 | | |
| • | riavoj | 3,052 | 7,113 | | |
| 8 | Payments of travel or entertainment expenses | 3,002 | | 3,052 | |
| | for any federal, state, or local public officials | | | | |
| 9 | Conferences, conventions, and meetings | EAA | | | |
| 0 | Interest | 544 | | 544 | |
| 1 | Interest Payments to affiliates | 21,562 | 21,562 | | |
| | Depreciation, depletion, and amortization | | | | |
| 3 | Insurance | 18,600 | | 18,600 | |
| | Insurance | 33,840 | 33,840 | =0,000 | |
| | | | / | | |
| • | Other expenses. Itemize expenses not | | | 1 | |
| 1 | covered above. (Expenses grouped together | | | | |
| i | and labeled miscellaneous may not exceed | | | HI SOTO | |
| į | 5% of total expenses shown on line 25 below.) | | | | |
| a . | DONATED FACILITIES | 661 E70 | 665 === | | |
|) (| UTILITIES | 661,570 | 661,570 | | |
| ; | EMERGENCY SHELTER OPER. | 84,568 | 84,568 | | |
| 1 | RESIDENTIAL FOOD SERVICES | 31,961 | 31,961 | | |
| 9 . | MAINTENANCE | 15,469 | 15,469 | | |
| | All other expenses | 15,257 | 15,257 | | |
| | | 52,994 | 45,146 | 7,848 | |
| <u>-</u> | otal functional expenses. Add lines 1 through 24f | 1,688,599 | 1,565,712 | 121,192 | 7 |
| c fi | oint costs. Check here if following GOP 98-2. Complete this line only if the organization reported in column (B) joint costs rom a combined educational campaign and undraising solicitation | | 7 1 364 | -21,132 | 1,695 |
| | UNIVERSITY COLORATION | ı | | | |

| | | | · · · · · · · · · · · · · · · · · · · | (A) Beginning of year | | (B) End of year | | | | |
|-----|-------------------------------------------------------------------------------------|-----------------|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| 1 | Cash—non-interest bearing | | | 236,275 | 1 | 130,600 | | | | |
| 2 : | Savings and temporary cash investments | | | | 2 | | | | | |
| 3 | Pledges and grants receivable, net | | | 10,339 | 3 | 14,754 | | | | |
| 4 | Accounts receivable, net | | | | 4 | | | | | |
| 5 | Receivables from current and former officers, director | ors, trust | ees, kev | | | Andrew Control | | | | |
| | employees, and highest compensated employees. C | | . • | | | | | | | |
| | Schedule L | | | skeeting to the second | 5 | BONGER BERGER (FIG. 1) TO SEE THE TOTAL SEE | | | | |
| 6 | Receivables from other disqualified persons (as defi | ned und | er section | | | | | | | |
| | 4958(f)(1)) and persons described in section 4958(c | | | | | | | | | |
| | Part II of Schedule L | | | gari bibin daga daga daga bibin salah 1960 mengalik berasak berasak daga berasa yan 1975 mengan berasa yan 197 | 6 | 88-20-00000-89-00-00-00-00-00-00-00-00-00-00-00-00-00 | | | | |
| 7 | Notes and loans receivable, net | | | | 7 | | | | | |
| 8 | Inventories for sale or use | | • • • • • • • • • • • • • • • • • • • • | · | 8 | | | | | |
| 9 | Prepaid expenses and deferred charges | | | 13,897 | | 14,738 | | | | |
| 10a | Land, buildings, and equipment: cost or | | | | | | | | | |
| | other basis. Complete Part VI of Schedule D | 10a | 1,001,783 | | | | | | | |
| b | Less: accumulated depreciation | 10b | 1,001,783 242,556 | 729,760 | 10c | 759,227 | | | | |
| 11 | Investments—publicly traded securities | | | | 11 | | | | | |
| 12 | Investments—other securities. See Part IV, line 11 | | • • • • • • • • • • • • • • • • • • • • | | 12 | | | | | |
| 13 | Investments—program-related. See Part IV, line 11 | | | | 13 | | | | | |
| 14 | Intangible assets | tangible assets | | | | | | | | |
| 15 | Other assets. See Part IV, line 11 | | • • • • • • • • • • • • • • • • • • • • | | 14 15 | | | | | |
| 16 | Total assets. Add lines 1 through 15 (must equal lin | ne 34) . | | 990,271 | | 919,319 | | | | |
| 17 | Accounts payable and accrued expenses | | | 26,960 | | 22,522 | | | | |
| 18 | Grants payable | | • • • • • • • • • • • • • • • • • • • • | | 18 | | | | | |
| 19 | Deferred revenue | | *************************************** | | 19 | | | | | |
| 20 | Tax-exempt bond liabilities | | ************* | | 20 | | | | | |
| 21 | Escrow or custodial account liability. Complete Part | IV of Sc | hedule D | | 21 | | | | | |
| 22 | | | | | | | | | | |
| | employees, highest compensated employees, and | | | | | | | | | |
| | pornone Complete Dart II of Calculula I | | | #44/02/02/03/04/04/02/02/02/02/02/02/02/02/02/02/02/02/02/ | 22 | ************************************** | | | | |
| 23 | Secured mortgages and notes payable to unrelated | third pa | rties | 505,210 | 23 | 492,604 | | | | |
| 24 | | ird partie | es | | 24 | | | | | |
| 25 | | | *************************************** | | 25 | | | | | |
| 26 | | | | 532,170 | 26 | 515,126 | | | | |
| | Organizations that follow SFAS 117, check here | | | | | | | | | |
| | complete lines 27 through 29, and lines 33 and 3 | L | | | | | | | | |
| 27 | Unrestricted net assets | | | | 27 | 709,963 | | | | |
| 28 | Temporarily restricted net assets | | | -271,659 | 28 | -355,034 | | | | |
| 29 | Permanently restricted net assets Organizations that do not follow SFAS 117, check | | | 729,760 | 29 | 49,264 | | | | |
| | Organizations that do not follow SFAS 117, chec | k here | | | 1 | | | | | |
| | and complete lines 30 through 34. | | | | | | | | | |
| 30 | | | | | 30 | The second second as extend to the Second Sec | | | | |
| 31 | * * * * * * * * * * * * * * * * * * * * | | | 1 | 31 | | | | | |
| 32 | | | | | 32 | | | | | |
| 33 | | | ********* | 458,101 | | 404,193 | | | | |
| 34 | Total liabilities and net assets/fund balances | | • • • • • • • • • • • • • • • • • • • • | 990,271 | | | | | | |

Form 990 (2009)

| Fort | # 990 (2009) FLORIDA KEYS OUTREACH COALITION, ING5-0409898 | | _ | 40 |
|------|---------------------------------------------------------------------------------------------------------------------------|-----------|---------|--------|
| ्रहर | art XI Financial Statements and Reporting | | Pag | ge 12 |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | Yes | No |
| | If the organization changed its method of account to the form 990: Cash X Accrual Other | 100 | | 2000 |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | |
| b | Were the organization's financial statements audited by an independent accountant? | <u>2a</u> | | X |
| С | the audit review or compileting (%). | 2b | | X |
| | the audit, review, or compilation of its financial states and a sum assumes responsibility for oversight of | | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | et and | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were | | | |
| | issued on a consolidated basis, separate basis, or both: | | | l. |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | | 100,000 | |
| | the Single Audit Act and OMB Circular A-133? | | | |
| h | If "Yes " did the grouping the under the | 3a | | |
| ~ | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | 3b | | |
| | | | 990 | (2009) |

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Department of the Treasury

Internal Revenue Service Name of the organization Inspection FLORIDA KEYS OUTREACH COALITION, INC Employer identification number Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross 9 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type II c Type III-Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? No (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization organization (v) Did you notify (vi) Is the (vii) Amount of (described on lines 1-9 in col. (i) listed in your the organization in rganization in col. above or IRC section support col. (i) of your governing document? (i) organized in the (see instructions)) support? U.S.? Yes No Yes Yes

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

| | ule A (Form 990 or 990-EZ) 2009 £ LO . | | | | | | Page 2 | | |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------|---------------------------------------|---------------------|------------------------|--------------------|--|--|
| Par | t II Support Schedule for O | | | | | nd 170(b)(1)(<i>F</i> | 4)(vi) | | |
| | (Complete only if you ch | ecked the bo | <u>x on line 5, 7,</u> | or 8 of Part I. |) | | | | |
| | ion A. Public Support | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| Cale | endar year (or fiscal year beginning in) 🕨 | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total | | |
| | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 1,119,880 | 1,266,428 | 1,278,370 | 1,105,438 | 972,136 | 5,742,252 | | |
| | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | | | |
| | The value of services or facilities furnished by a governmental unit to the organization without charge | 623,594 | 642,301 | 661,570 | 661,570 | 661,570 | 3,250,605 | | |
| 4 | Total. Add lines 1 through 3 | 1,743,474 | 1,908,729 | 1,939,940 | 1,767,008 | 1,633,706 | 8,992,857 | | |
| | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount | | | | | | | | |
| | shown on line 11, column (f) | | | | | | | | |
| | Public support. Subtract line 5 from line 4 | | | | | | 8,992,857 | | |
| | tion B. Total Support | 4) 000 | # 1 0000 | 4 \ 2007 | (1) 0000 | () 0000 | (O T 1 | | |
| | endar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total | | |
| 7 | Amounts from line 4 | 1,743,474 | 1,908,729 | 1,939,940 | 1,767,008 | 1,633,706 | 8,992,857 | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 738 | 1,307 | 1,081 | 2,189 | 985 | 6,300 | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | 0 | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | ~ | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | <u> </u> | 8,999,157 | | |
| 12 | Gross receipts from related activities, etc | c. (see instruction | ns) | | | | 985 | | |
| 13 | First five years. If the Form 990 is for the | e organization's | firšt, second, third | , fourth, or fifth ta: | x year as a sectior | 1-501(c)(3) | . — | | |
| | organization, check this box and stop he | ere <u></u> | | | | | <u></u> | | |
| Sec | tion C. Computation of Public | | | | | | | | |
| 14 | Public support percentage for 2009 (line | 6, column (f) div | ided by line 11, co | olumn (f)) | | 14 | 99.93% | | |
| 15 | Public support percentage from 2008 Sc | chedule A, Part II | , line 14 | | | | 99.93% | | |
| 16a | 33 1/3 % support test—2009. If the organization | anization did not | check the box on | line 13, and line 1 | 4 is 33 1/3 % or m | nore, check this be | OX | | |
| | and stop here. The organization qualified | | | | | | ▶ 🗓 | | |
| b | 33 1/3 % support test—2008. If the org | anization did not | check a box on lir | ne 13 or 16a, and | line 15 is 33 1/3 % | 6 or more, check t | his | | |
| | box and stop here. The organization qu | | | | | | | | |
| 17a | 10%-facts-and-circumstances test—2 | | | | | | | | |
| | more, and if the organization meets the organization meets the "facts-and-circus | | | | | | L 1 1 | | |
| b | 10%-facts-and-circumstances test—2 | 008. If the organi | zation did not che | ck a box on line 1 | 3, 16a, 16b, or 17 | a, and line 15 is 1 | 0% or | | |
| | more, and if the organization meets the organization meets the "facts-and-circus | | | | | | | | |
| 18 | Private foundation. If the organization | | | | | | | | |

DAA

Schedule A (Form 990 or 990-EZ) 2009 FLORIDA KEYS OUTREACH COALITION, INC65-0409898 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 6 Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b Public support (Subtract line 7c from 8 line 6.) 384 6 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 Amounts from line 6 (b) 2006 (c) 2007(d) 2008 (e) 2009 (f) Total Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) Public support percentage from 2008 Schedule A, Part III, line 15 15 % Section D. Computation of Investment Income Percentage 16 % Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line % 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

| Part IV | Supplemental Information Complete this routh to the routh the rout |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Form 990 or 990-EZ) 2009 FLORIDA KEYS OUTREACH COALITION, ING5-0409898 Page 4 Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions. |
| | additional morniation. Oee instructions. |
| | |
| • • • • • • • • • • • • • • • • • • • • | |
| • • • • • • • • • • • • • • • • • • • • | ······································ |
| * * * * * * * * * * * * * * * * * * * * | |
| *********** | |
| ********** | |
| • • • • • • • • • • • • • • • • • • • • | ······································ |
| | |
| • • • • • • • • • • • • • • • • • • • • | |
| ******** | · · · · · · · · · · · · · · · · · · · |
| * * * * * * * * * * * * * * * * * * * * | |
| | ······································ |
| • • • • • • • • • • • • • • • • • • • • | |
| ********** | · · · · · · · · · · · · · · · · · · · |
| | ······································ |
| | |
| | ······································ |
| | |
| | |
| | |
| | |
| | |
| , | |
| | |
| | ······································ |
| | ······································ |
| > * * * * * * * * * * * * * * * * * * * | |
| | |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

| | \mathcal{J}_{i} | | Employer identification number |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| F | LORIDA KEYS OUTREACH COALITION, INC | | 65-0409898 |
| Pa | organizations Maintaining Donor Advised F the organization answered "Yes" to Form 990 | unds or Other Similar Funds | or Accounts Complete if |
| | tne organization answered "Yes" to Form 990 | D, Part IV, line 6. | of Accounts. Complete II |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | , agregate grants from (during year) | | |
| 4 | 99. 99 at a raid at Cha of year | | |
| 5 | bid the organization inform all donors and donor advisors in writing t | that the assets held in donor advised | |
| _ | funds are the organization's property, subject to the organization's e | xclusive legal control? | Yes No |
| 6 | and the organization inform all grantees, donors, and donor advisors | in writing that grant funds can be | Tes No |
| | used only for charitable purposes and not for the benefit of the dono | r or donor advisor, or for any other | |
| Mine | purpose conferring impermissible private benefit? | | Yes No |
| | Conservation Easements. Complete if the or | ganization answered "Yes" to | Form 990, Part IV, line 7 |
| 1 | rulpose(s) of conservation easements held by the organization (che | eck all that apply) | |
| | Preservation of land for public use (e.g., recreation or pleasure) | Preservation of an historically in | mportant land area |
| | Protection of natural habitat | Preservation of certified historic | structure |
| _ | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualified con | servation contribution in the form of a c | conservation |
| | easement on the last day of the tax year. | | |
| а | Total number of concernation | | Held at the End of the Tax Year |
| b | Total acreage restricted by several total | | 2a |
| c | Total acreage restricted by conservation easements | | 2b |
| ď | realization delication easements on a certified historic structure in | ncluded in (a) | 0 - |
| 3 | Number of conservation easements included in (c) acquired after 8/ | 17/06 | 2d |
| | Number of conservation easements modified, transferred, released, the taxable year ▶ | extinguished, or terminated by the orga | anization during |
| 4 | Number of states where property subject to conservation easement | in landed by | |
| 5 | Does the organization have a written policy regarding the periodic m | is located | |
| | violations, and enforcement of the conservation easements it holds? | of nandling, inspection, nandling of | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, and enf | proing conservation conservate during | Yes No |
| | - | ording conservation easements during | tne year |
| 7 | Amount of expenses incurred in monitoring, inspecting, and enforcing | Id conservation easements during the | voor |
| | γ ₋ | | eai |
| 8 | Does each conservation easement reported on line 2(d) above satis | fy the requirements of section | · · |
| | 170(n)(4)(B)(i) and section 170(h)(4)(B)(ii)? | | Yes No |
| 9 | mir directive, describe now the organization reports conservation ease | ements in its revenue and expense stat | tement and |
| | balance sheet, and include, if applicable, the text of the footnote to fl | he organization's financial statements the | hat describes |
| D- | and organization's accounting for conservation easements. | | |
| | | t, Historical Treasures, or Oth | ner Similar Assets. |
| 12 | Tes | to Form 990, Part IV, line 8 | |
| ia | If the organization elected, as permitted under SFAS 116, not to repeat historical treasures or other similar assets but 116. | ort in its revenue statement and balanc | e sheet works of |
| | art, historical treasures, or other similar assets held for public exhibit | tion, education, or research in furtheran | ce of public service, |
| b | provide, in Part XIV, the text of the footnote to its financial statement if the organization elected as permitted under SEAS 446 | ts that describes these items. | |
| | If the organization elected, as permitted under SFAS 116, to report in historical treasures or other similar assets held for public to the bild for public to the similar assets held for public to the bild f | n its revenue statement and balance sh | neet works of art, |
| | historical treasures, or other similar assets held for public exhibition, provide the following amounts relating to these items: | education, or research in furtherance of | of public service, |
| | (i) Revenues included in Form 990 Part VIII line 1 | | |
| | (i) Revenues included in Form 990, Part VIII, line 1(ii) Assets included in Form 990, Part X | ••••• | 🏲 💲 |
| 2 | (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, following amounts received. | Or other similar and the first state of the | ····· \$ |
| | following amounts required to be reported under SFAS 116 relating | Of Other similar assets for tinancial dair | n, provide the |
| a | Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X | to urese items; | b th |
| b | Assets included in Form 990, Part X | *************************************** | \$ |
| | *************************************** | | |

| P | art III Organizations Maintaining | EYS OUTREAC | H COALITI | ON, INC55-0 | 409898 | Page 2 |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------|-----------------------------------------|--------------------------------------------------------------|-----------------------------|
| 3 | art in Organizations Maintaining | I Collections of A | rt Historical 7 | TOOCHITOO (|)4L 0: " | |
| J | collection items (check all that apply): | on, and other records, | check any of the fo | ollowing that are a | significant use | of its |
| а | | d Loan | or exchange prog | rame | | |
| b | Scholarly research | e Other | | iailis | | |
| C | Preservation for future generations | | | | | _ |
| 4 | Provide a description of the organization's co | ollections and explain h | ow they further the | e organization's exe | empt purpose i | n |
| 5 | | | | | | |
| P | art IV Escrow and Custodial Arr | angements Com | of the organization | n's collection? | | Yes No |
| 0.000005.0 | Escrow and Custodial Arra IV, line 9, or reported an ar | nount on Form 00 | Determine org | anization answ | vered "Yes" | to Form 990, Part |
| 1a | Is the organization an agent truston quetodi | nount on Form 99 | υ, Part X, line | 21. | | |
| | Is the organization an agent, trustee, custodi | an or other intermediar | y for contributions | or other assets no | t | |
| h | included on Form 990, Part X? If "Yes," explain the arrangement in Part XIV | | | **************** | | Yes No |
| | If "Yes," explain the arrangement in Part XIV | and complete the follow | wing table: | | | |
| _ | Desiration but | | | | | Amount |
| C | 5 5 | | | | 1c | |
| a | indicate during the year | | | | 1 1 | |
| 9 | | | | | | |
| f | Ending balance Did the organization include an amount on Fa | | | • • • • • • • • • • • • • • • • • • • • | 1f | |
| 2a | State of the state | JIII 330. MAN A IIDA 71 | ? | | · · · · · · <u>L - ! · · · · · · · · · · · · · · · · · ·</u> | |
| | | | | | | |
| Pa | art V Endowment Funds. Comp | ete if organization | answered "V | es" to Form 00 | O Dort IV | 1 10 |
| | | (a) Current year | (b) Prior year | (c) Two years bea | U, Pail IV, I | ine 10. |
| 1a | Beginning of year balance | | (b) i noi year | (c) Two years bac | k (d) inree yea | rs back (e) Four years back |
| b | Contributions | | | W 100 HOLD TOOL 10 (81.516) | No. | |
| C | Net investment earnings, gains, | | | | | |
| | | | | | 100 | |
| d | Grants or scholarships | | | \$10,4877.400 | | |
| e. | Other expenditures for facilities | | | | 100 | 福度等 。2015年2月1日 1000年 |
| _ | | | | | | |
| f | and programs | | | | | |
| ٠ | Administrative expenses | | | | | |
| 9 | Lift of year balance | | | | | |
| 2 | Provide the estimated percentage of the year | end balance field as: | | | | <u> </u> |
| a | Board designated or quasi-endowment | % | | | | |
| a | Permanent endowment ▶% | | | | | |
| С | Term endowment ▶% | | | | | |
| 3a | Are there endowment funds not in the posses | ssion of the organizatio | n that are held and | d administered for t | ha | |
| | organization by. | · · | and and and | · adminiotored for t | 116 | [1 2. |
| | (i) unrelated organizations | | | • | | Yes No |
| | | | | | | 3a(i) |
| b | If "Yes" to 3a(ii), are the related organizations Describe in Part XIV the intended uses of the | Ilsted as required on 9 | Schodula P2 | · · · · · · · · · · · · · · · · · · · | | 3a(li) |
| 4 | Describe in Part XIV the intended uses of the | Organization's endown | continue of | • • • • • • • • • • • • • • • • • • • • | | 3b |
| Pa | Investments—Land, Buildi | ngs and Equipm | ent Soc Form | 000 D-4 V I | | |
| | Description of Investment | (a) Cost or other basis | CIT OFF LOW | | | |
| | | (investment) | (b) Cost or o | . '' | ccumulated | (d) Book value |
| 1a | Land | (outhority | basis (othe | | preciation | |
| | ********** | | | | | |
| ~ | Buildings | | | | | |
| 4 | Leasehold improvements | | | | | |
| u | Equipment Other | | 1,001 | ,783 | 242,556 | 759,227 |
| | | | | | | |
| ota | I. Add lines 1a through 1e. (Column (d) must e | qual Form 990, Part X, | column (B), line 1 | 0(c).) | | 759,227 |
| | | | | | | |

| | estments—Other Securities. See Form 9 | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------------------------------|
| | (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| Financial derivatives | | | |
| Closely-held equity in | nterests | | |
| Other | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total (Column (b) - | | * | |
| Part VIII Inve | nust equal Form 990, Part X, col. (B) line 12.) | | |
| rait viii inve | estments—Program Related. See Form | | 3. |
| | (a) Description of investment type | (b) Book value | (c) Method of valuation: |
| | | | Cost or end-of-year market value |
| | | | |
| | | | |
| | | 1 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total (Column (b) m | nust equal Form 990, Part X, col. (B) line 13.) | | 2. William St. Const. |
| Part IX Oth | er Assets. See Form 990, Part X, col. (B) line 13.) | | |
| STATE OF THE STATE | (a) Description | | |
| | (a) Describtion | | (b) Book value |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total. (Column (b) m | nust equal Form 990, Part X, col. (B) line 15.) | | |
| Total. (Column (b) m | nust equal Form 990, Part X, col. (B) line 15.) | 25. | |
| Total. (Column (b) m Part X Oth 1. | | | |
| Part X Oth | nust equal Form 990, Part X, col. (B) line 15.) er Liabilities. See Form 990, Part X, line (a) Description of liability | 25. (b) Amount | |
| Part X Oth | nust equal Form 990, Part X, col. (B) line 15.) er Liabilities. See Form 990, Part X, line (a) Description of liability | | ▶ |
| Part X Oth | nust equal Form 990, Part X, col. (B) line 15.) er Liabilities. See Form 990, Part X, line (a) Description of liability | | |
| Part X Oth | nust equal Form 990, Part X, col. (B) line 15.) er Liabilities. See Form 990, Part X, line (a) Description of liability | | |
| Part X Oth | nust equal Form 990, Part X, col. (B) line 15.) er Liabilities. See Form 990, Part X, line (a) Description of liability | | |
| Part X Oth | nust equal Form 990, Part X, col. (B) line 15.) er Liabilities. See Form 990, Part X, line (a) Description of liability | | |
| Part X Oth | nust equal Form 990, Part X, col. (B) line 15.) er Liabilities. See Form 990, Part X, line (a) Description of liability | | |
| Part X Oth | nust equal Form 990, Part X, col. (B) line 15.) er Liabilities. See Form 990, Part X, line (a) Description of liability | | |
| Part X Oth | nust equal Form 990, Part X, col. (B) line 15.) er Liabilities. See Form 990, Part X, line (a) Description of liability | | |
| Part X Oth | nust equal Form 990, Part X, col. (B) line 15.) er Liabilities. See Form 990, Part X, line (a) Description of liability | | |
| Part X Oth | nust equal Form 990, Part X, col. (B) line 15.) er Liabilities. See Form 990, Part X, line (a) Description of liability | T | |
| Part X Oth | nust equal Form 990, Part X, col. (B) line 15.) er Liabilities. See Form 990, Part X, line (a) Description of liability | T | |
| Part X Oth 1. Federal income taxe | nust equal Form 990, Part X, col. (B) line 15.) er Liabilities. See Form 990, Part X, line (a) Description of liability | T | |
| Part X Oth 1. Federal income taxe Total. (Column (b) n | nust equal Form 990, Part X, col. (B) line 15.) er Liabilities. See Form 990, Part X, line (a) Description of liability | (b) Amount | atements that reports the |

| Sch | edule D (Form 990) 2009 FLORIDA KEYS OUTREACH C | OALTITON THE | 0.400000 | |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------|-----------------------------------------|
| | art XI Reconciliation of Change in Net Assets from Fo | orm 990 to Audita LE | -0409898 | Page 4 |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) Total expenses (Form 990, Part IX, column (A), line 25) | Ann 990 to Audited Fil | nancial Statements | |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | 1 | |
| 3 | Excess or (deficit) for the year. Subtract line 2 from the | | 2 | |
| 4 | Net unrealized gains (losses) on investments | | 3 | |
| 5 | Donated services and use of facilities | | 4 | |
| 6 | Investment expenses | | 5 | |
| 7 | Prior period adjustments | • • • • • • • • • • • • • • • • • • • • | 6 | |
| 8 | Other (Describe in Part XIV) | | | |
| 9 | Other (Describe in Part XIV.) Total adjustments (net). Add lines 4 through 8 | | | |
| 10 | Total adjustments (net). Add lines 4 through 8 Excess or (deficit) for the year per audited financial statements. Combine art XII Reconciliation of Revenue per Audited Financial | | 9 | |
| Pa | art XII Reconciliation of Revenue per Audited Financia | ines 3 and 9 | | |
| 1 | Total revenue, gains, and other support per audited financial statements. Amounts included on line 1 but not on Form 990. Part VIII. line 12: | I Statements With Re | venue per Return | |
| 2 | Amounts included on line 1 but not on Form 990. Bort VIII. line 40 | | | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| а | Net unrealized gains on investments | | | |
| b | | | | |
| C | Recoveries of prior year grants Other (Describe in Part XIV.) | 2b | | |
| d | Other (Describe in Part XIV.) | 2c | | |
| е | Other (Describe in Part XIV.) Add lines 2a through 2d | 2d | | |
| 3 | | | 2e | |
| 4 | Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | ····· |
| а | Investment expenses not included an Form 200 D. 1 VIII in | | | |
| b | Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) | <u>4a</u> | | |
| С | Other (Describe in Part XIV.) Add lines 4a and 4b | 4b | | |
| 5 | Total revenue, Add lines 3 and 4c. (This must and 5 | | 4c | |
| Pa | rt XIII Reconciliation of Expenses per Audited Financia Total expenses and losses per audited financial statements | 12.) | 5 | - |
| 1 | Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: | al Statements With Ex | penses per Return | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| а | Donated services and use of facilities Prior year adjustments | 1 1 | | *************************************** |
| b | Prior year adjustments | 2a | | |
| C | Prior year adjustments Other losses | 2b | | |
| d | Other losses Other (Describe in Part XIV.) Add lines 2a through 2d | | | |
| | | | | |
| 3 | Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1. | | 2e | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not a line | | 3 | ····· |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | | |
| b | Other (Describe in Part XIV.) | 4a | | |
| С | Other (Describe in Part XIV.) Add lines 4a and 4b | 4b | | |
| | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line | | 4c | |
| Pai | t XIV Supplemental Information | 9 18.) | 5 | ····· |
| omp | lete this part to provide the descriptions required for Book II. | | | · |
| nd 2 | lete this part to provide the descriptions required for Part II, lines 3, 5, and p; Part VI, line 4; Part XI, line 2; Part XI, line 8; Part XII, line 3 dec. 14 | 9; Part III, lines 1a and 4; Pa | rt IV, lines 1b | |
| | p; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and art to provide any additional information. | Part XIII, lines 2d and 4b. A | lso complete | |
| _ | additional information. | | | |
| _ | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| - | | | | |
| . – | | - . | | |
| | | | | |
| | | | | - |
| ··· | | | | |

| Sch | edu | le D | (Fo | orm 9 Su p | 90) 2 | 2009 | F | 'LC | RJ | D | <u>A 1</u> | KE' | YS | 0 | UT | RE | AC | H | CC | AI | LI | r I (| NC | , I: | NŒ | 5 - | 040 | 198 | 9.8 | | | | | D |
|-------|-----|---------------|-----|----------------------|-------|------|-----|------|------|---------|------------|------------|-----|------|-----|----|-------|---|----|----|----|-------|------------|---------|----|----------|-----|-----|-----|---|--------------|----------|---|------------------|
| No. 1 | art | XI | V: | Sup | ple | me | nta | l In | ıfor | ma | atio | <u>n (</u> | cor | ıtin | uec | 1) | | | | | | | | | | <u> </u> | | | 70 | | ************ | | - | Page 5 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _ | _ | _ | _ | | | | _ | | _ | _ | _ | _ | | - | | _ | _ | | _ | _ | _ | - | _ | <u></u> | | | | | _ | _ | | | | |
| _ | _ | 1 | _ | | _ ′ | | _ | _ | _ | _ | _ | | _ | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | _ | | | | - | | _ | | | _ | | _ | | | _ | _ | _ | - | | |
| | _ | _ | | | | _ | | | _ | _ | _ | _ | _ | | _ | _ | _ | _ | _ | | _ | _ | _ | | _ | | | | _ | | | | | |
| _ | _ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | - | _ | _ | | ******* | _ | | _ | _ | | _ | _ | | _ | _ | - | _ | _ | | _ | | | | _ | _ | _ | | | |
| - | - | | | | | _ | _ | | | _ | _ | _ | _ | _ | _ | _ | | | _ | _ | _ | _ | | _ | _ | _ | | | | | | | | |
| _ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | _ | | |
| | | | | | | _ | _ | _ | _ | _ | _ | _ | | _ | - | _ | _ | _ | _ | _ | _ | - | ` — | _ | _ | | | | | | _ | _ | | |
| | | | | | | _ | _ | _ | _ | _ | | _ | _ | _ | | _ | _ | _ | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | _ | _ | | | | - | _ | | | | _ | | _ | _ | | |
| | | | | | | _ | _ | - | - | _ | _ | _ | _ | _ | _ | _ | | _ | _ | _ | _ | . — | _ | | _ | | | | | | | _ | | |
| | | | | | | | _ | _ | | | | | | | | | | | | | | | | | | | | | | | | | | * |
| | | | | | | | | | | | _ | _ | | _ | _ | _ | _ | | _ | _ | _ | _ | _ | _ | | | | - | _ | | | _ | | |
| | | | | | | _ | _ | _ | _ | _ | | _ | _ | | _ | | | | _ | _ | _ | _ | | _ | | | | | _ | _ | _ | _ | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | _ | |
| | | | | | | _ | _ | | | _ | _ | _ | | _ | _ | _ | | | _ | _ | | _ | | _ | _ | | | - | _ | _ | | _ | | , |
| | | | | | - | _ | | | _ | _ | _ | | _ | _ | _ | | _ | _ | _ | | | _ | | _ | | | _ | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | _ | _ | _ | | | |
| | | | - | | _ | _ | | | | _ | _ | - | _ | | _ | _ | | _ | _ | _ | - | _ | _ | _ | _ | | | | | | | | | |
| | | | | | | _ | _ | | _ | _ | _ | | | | _ | | _ | | | | | | | | | | | | - | | | | | |
| | | | | | | | | | | | | | | | | | | | _ | | _ | | _ | _ | _ | | | | _ | - | | | | |
| | | - | - | | - | | | _ | _ | | _ | _ | _ | - | _ | _ | _ | - | _ | | _ | _ | | _ | | | | _ | _ | | | | | |
| | | | | | | _ | | | _ | _ | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | _ | _ | | | ***** | | _ | _ | _ | _ | _ | | | | | _ | _ | | | | | *** |
| | | | | | _ | _ | | | _ | _ | | _ | _ | | _ | | | _ | _ | | | _ | | _ | | | | _ | | | _ | | | |
| | | - | | _ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | _ |
| | | | | | | | | - | _ | _ | | _ | _ | _ | _ | _ | _ | _ | _ | _ | | _ | - | - | | | | _ | _ | _ | _ | <u> </u> | | |
| | | | | | | | _ | _ | _ | | | _ | _ | _ | _ | _ | _ | | _ | _ | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | _ | _ | | | | - |
| | | | | | _ | | | | _ | | _ | _ | _ | _ | _ | | - | _ | _ | _ | | _ | _ | _ | | | | _ | _ | _ | _ | | | |
| | | | | | | | _ | _ | | _ | _ | _ | | | | _ | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | _ | _ | | | | | | _ | | | _ | | | |
| | | | | | | _ | _ | _ | - | _ | _ | _ | - | - | _ | _ | - | _ | _ | _ | _ | _ | | | _ | | _ | | _ | | | | | |
| | | | | | | | _ | _ | _ | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | _ | _ | _ | _ | _ | _ | _ | _ | | _ | _ | | | | | | | _ | | _ | | | |
| | | | | | | | | _ | _ | _ | | _ | | | _ | _ | | _ | _ | _ | _ | _ | _ | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | • | _ | | | | _ |
| | | _ | _ | | _ | | _ | _ | | | _ | _ | _ | _ | _ | _ | - | | _ | - | _ | _ | - | | | | - | _ | - | _ | | | | |
| | | | | | | | _ | _ | _ | _ | | _ | | _ | _ | _ | _ | | _ | | | _ | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | - | - | | _ | | | | _ | _ | _ | _ | | | |
| | | - | | - | _ | _ | _ | _ | - | | | _ | | _ | _ | _ | _ | | _ | _ | | _ | | _ | | | | | | | _ | <u> </u> | | |
| | | | | | ···· | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FLORIDA KEYS OUTREACH COALITION, INC Employer identification number Part I 65-0409898 Types of Property (a) (b) (c) (d) Check if Number of Contributions Revenues reported on Method of determining applicable Form 990, Part VIII, line 1g Art—Works of art revenues 1 Art—Historical treasures 2 Art—Fractional interests 3 Books and publications 4 5 Clothing and household goods Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities—Publicly traded 9 Securities—Closely held stock 10 11 Securities—Partnership, LLC, or trust interests Securities—Miscellaneous 12 13 Qualified conservation contribution—Historic structures 14 Qualified conservation contribution—Other Real estate—Residential 15 661,570 Real estate—Commercial FMV OF EQUIVALENT 16 Real estate—Other 17 Collectibles 18 Food inventory 19 Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 25 Other > 26 Other ►(.....) Other ►(..... 27 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that Yes No it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. X 30a Does the organization have a gift acceptance policy that requires the review of any non-standard 31 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X 31 If "Yes," describe in Part II. 32a If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

| Part II | Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. |
|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | |
| · · · · · · · · · · · · | |
| * * * * * * * * * * * * * * * * * * * * | |
| | |
| * * * * * * * * * * * * * * * | |
| | |
| | |
| | * |
| • • • • • • • • • • • • • • • • • • • • | |
| | |
| | |
| * * * * * * * * * * * * * * * * * * * * | |
| • • • • • • • • • • • • • • • • • • • • | ······································ |
| | |
| * * * * * * * * * * * * * * * * * * * * | |
| | · · · · · · · · · · · · · · · · · · · |
| | |
| | |
| | |
| • • • • • • • • • • • • • • • • • • • • | • |
| | |
| * * * * * * * * * * * * * * * * * * * * | |
| | |
| | |
| | |
| | |
| | |
| | |
| | ······································ |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Attach to Form 990. Name of the organization

FLORIDA KEYS OUTREACH COALITION, INC 65-0409898 Form 990, Part III, Line 4c - Third Achievement BENEFITS, TRANSPORTATION, ETC. Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 THE 990 IS REVIEWED AND APPROVED FOR FILING BY THE EXECUTIVE COMMITTEE AND RATIFIED BY THE FULL GOVERNING BOARD. Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy Signed upon election to Board of Directors and recommitted annually. Form 990, Part VI, Line 15a - Compensation Process for Top Official Coparative data assimilated and reviewed annually by the Board's Executive Committee Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing documents, conflict of interest policy and financial statements are made available to public upon request.

(7)

(8) (9) (10)

Totals

| 990 / 990-PF | | tgages and Otl | | | ţ | 0000 |
|------------------------------------------------|----------------------------|-----------------------|---------------------------------------|--------------------|---------------------------------------|-------------------|
| Name | For calendar year 2009, | or tax year beginning | 07/01/09 | , and ending 06 | /30/10 | 2009 |
| ame | | | | , | Employer Ide | ntification Numbe |
| FLORIDA KEYS | OUTREACH COAL | ITION, INC | | | 65-0409 | |
| Form 990, Par | t X, Line 23 | - Additiona | l Informa | tion | 100 0100 | 050 |
| | Name of lender | | | | | |
| 1) | | | | Relationship to d | isqualified perso | ın |
| <u>2)</u> 3) | | | | | | |
| ·) | | | | | | |
| 5) | | | | | | |
|) | | | | | · · · · · · · · · · · · · · · · · · · | |
|) | | | | | | |
| i) . | | | | | | |
| 0) | | | | | | |
| er (and an | | | | | | |
| Original amount | | Maturity | | | | |
| borrowed) | Date of loan | date | | Repayment terms | | Interest rate |
|) | : | | | | | |
|) | | | | | | |
|) | | | · · · · · · · · · · · · · · · · · · · | | | |
|) | | | | | | |
| ") | | | | | | |
|) | | | | | | |
|) | | | | · | | |
| 0) | | | | | | |
| | | | | | | |
| Sec | urity provided by borrower | <i>.</i> | | | | |
|) | anty provided by borrower | | | Purpose o | of loan | |
|) | | | | | | |
|) | | | | | | |
|) | | | | | | |
|) | | | | | | |
|) | | | | | | |
|) | | | | | | |
|) | | | | | | |
| 0) | | | | | | |
| | | | | | | |
| Considera | ition furnished by lender | | Balance | due at | Bala | nce due at |
|) | idifficited by ferider | | beginnin | g of year 5,210 | en | d of year |
|) | | | 30 | J,410 | | 492,604 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | 1 | | T | | |

505,210

492,604

Rev. Stephen E. Braddock, Ph.D. President & CEO (T) 305-293-8189 (F) 305-293-8276 FrBraddock@cs.com



Gina Pecora
Deputy Director
(T) 305-295-7741 (F) 305-293-8276
fkoc4homeless@cs.com

Post Office Box 4767, Key West, Florida 33041-4767

WWW.FKOC.ORG

"ATTACHMENT I"

CLIENT FEE SCHEDULE AS OF 07/01/2010:

Men's Residential Program Fees

William M. Neece Center for Homeless Recovery Sunshine House – 1620 Truesdale Court, Units C & D Sunrich House – 1618 Truesdale Court, Units A thru D

85.00 per week 115.00 per week 600.00 per month

Womnen's Program

Sunflower House – 1616 Truesdale Court, Units A thru D Sunlight House – 1615 Truesdale Court

80.00 per week 500.00 per month



IN ANAL REVENUE SERVICE
CLITRICT DIRECTOR
C - 1130
ATLALTA: GA 30301

Date:

JUN 1 0 1993

FLORIDA KEYS OUTREACH COALITION INC FO BOX 4767 901 FLAGLER AVENUE KEY WEST, FL 33041 Employer Identification Number: 45-0409898
Contact Person:
ROBERTA VAN METER
Contact Telephone Number:
(404) 331-0185

Accounting Period Ending:

December 31
Form 990 Required:

Yes

Addendum Applies:

Yes

General Carlo Special Control

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 509(a)(2).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(2) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(2) organization.

FLORIDA KEYS OUTREACH COALITION INC

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of Code sections 2055, 2106, and 2522.

Contribution deductions are allowable to donors only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. See Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, which sets forth guidelines regarding the deductibility, as charitable contributions, of payments made by taxpayers for admission to or other participation in fundraising activities for charity.

In the heading of this letter we have indicated whether you must file Form 990; Return of Organization Exempt From Income Tax. If Yes is indicated, you are required to file Form 990 only if your gross receipts each year are normally more than \$25,000. However, if you receive a Form 990 package in the mail; please file the return even if you do not exceed the gross receipts test. If you are not required to file, simply attach the label provided, check the box in the Meading to indicate that your annual gross receipts are normally \$25,000 or less; and sign the return.

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$10 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed \$5,000 or 5 percent of your gross receipts for the year, whichever is less. This penalty may also be charged if a return is not complete, so please be sure your return is complete before you file it.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 970-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

This determination is based on evidence that your funds are dedicated to the purposes listed in section 501(c)(3) of the Code. To assure your continued exemption, you should maintain records to show that funds are expended only for those purposes. If you distribute funds to other organizations, your records should show whether they are exempt under

■ FLORIDA KEYS OUTREACH COALITION INC

section 501(c)(3). In cases where the recipient organization is not exempt under section 501(c)(3), there should be evidence that the funds will remain dedicated to the required purposes and that they will be used for those purposes by the recipient.

If distributions are made to individuals, case histories regarding the recipients should be kept showing names, addresses, purposes of awards, manner of selection, relationship (if any) to members, officers, trustees or donors of funds to you, so that any and all distributions made to individuals can be substantiated upon request by the Internal Revenue Service. (Revenue Ruling 56-304, C.B. 1956-2, page 306.)

If we have indicated in the heading of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

Paul Williams District Director

Enclosure(s): Addendum

FLORIDA KEYS OUTREACH COALITION INC

You are required to make your annual return—available—for public—inspection for three years after the return—is—due. You—are—also required to—make available—a copy of your exemption application, and supporting documents, and this exemption—letter. Failure to make these documents—available—for—public inspection—may subject you to a penalty of \$10 per day for each—day—there—is failure to comply (up to a maximum of \$5,000 in the case of an annual return). See Internal Revenue Service Notice 88-120, 1988-2—C.B. 454, for—additional information.

If your organization conducts fund-raising events such as benefit dinners, auctions, membership drives, etc., where something of value is received in return for contributions, you can help your donors avoid difficulties with treatment of their contributions. To do this you should, in advance of the event, determine the fair market value of the benefit received and state it in your fund-raising materials such as solicitations, tickets, and receipts much is not. To assist you in this, the Service has issued Publication 1391, You may obtain copies of Publication 1391 from your local IRS Office. Guidelines for deductible amounts are also set forth in Revenue Ruling 67-246, Frocedure 92-49, 1992-26 I.R.B. 18.

2010 / 2011 MONROE COUNTY BUSINESS TAX RECEIPT **EXPIRES SEPTEMBER 30, 2011**

RECEIPT# 47161-67713

Business Name: FLORIDA KEYS OUTREACH COALITION INC

Owner Name:

FLORIDA KEYS OUTREACH

Mailing Address: PO BOX 4767

KEY WEST, FL 33041

Business Location: 5503 COLLEGE RD #211

KEY WEST, FL 33040

Business Phone:

305-293-0641

Business Type:

MISCELLANEOUS SERVICE (SERVICES FOR

HOMELESS)

Rooms

Seats

Employees

Machines

Stalls

| | | Number of Mac | chines: | Fi | or Vendin | 3 Busines: | s On | ly Vending Ty | Des | |
|------------|------|---------------|-----------|------|-----------|------------|------|------------------|-----------------|------------|
| Tax Amount | | Transfer Fee | Sub-Total | | Penalty | | Pri | | Collection Cost | Total Paid |
| 0: | .00. | .00.00 | | Ó*00 | | 0,00 | | 0.00 | | 0.00 |

Paid 103-09-00002001

09/21/2010 0.00

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

THIS BECOMES A TAX RECEIPT WHEN VALIDATED

Danise D. Henriquez, CFC, Tax Collector PO Box 1129, Key West, FL 33041

THIS IS ONLY A TAX. YOU MUST MEET ALL COUNTY AND/OR MUNICIPALITY PLANNING AND ZONING REQUIREMENTS. FKOC reserves the right to change, suspend, or eliminate this document at its sole discretion and without prior notice. Where State and/or local laws contain mandatory requirements that differ from provisions of this document, such legal requirements will prevail.

(PER) 1.04 EQUAL EMPLOYMENT OPPORTUNITY. FKOC is an equal employment opportunity employer and does not discriminate against any person because of race, color, creed, religion, sex, national origin, handicap, disability, marital status, age or any other characteristic protected by law. This nondiscrimination policy will apply to all employment actions such as promotions, compensation, benefits and termination of employment. The company also reasonably accommodates individuals with handicaps, disabilities and bona fide religious beliefs.

(PER) 1.05 IMMIGRATION AND EMPLOYMENT ELIGIBILITY. In compliance with the Immigration Reform and Control Act of 1986, FKOC will hire only those individuals who are authorized to work in the United States. All individuals will be required to submit documented proof of their identity and employment and Naturalization Service Form I-9. Form I-9 requires you to attest that you are authorized to work in the job for which you are hired and that the documents you submit are genuine.

(PER) 1.06 AMERICAN WITH DISABILITIES ACT (ADA). FKOC does comply with the American with Disabilities Act of 1990. The law prohibits from discriminating against a qualified individual with a disability in regard to job applications, hiring advancement, discharge, compensation, training, or other terms, conditions, or privileges of employment. An individual with a disability is defined by the ADA as a person who has a physical or mental impairment that substantially limits one or more major activities, a person who has a history of record of such impairment, or a person who is perceived by others as having such impairment. The FKOC will provide qualified individuals with disabilities an equal opportunity to benefit from the full range of employment-related opportunities available and will make reasonable accommodation to the known physical or mental limitations of otherwise qualified individuals with disabilities unless it results in undue hardship and/or would fundamentally alter the nature of the service, program or activity being provided.



State of Florida Department of Children and Families

Charlie Crist Governor

George H. Sheldon Secretary

SITE VISIT - KFZ35

PROVIDER: Florida Keys Outreach Coalition, Inc. (FKOC)

SERVICE:

Emergency and Transitional Shelter

DATE:

September 8, 2010

STAFF:

Rev. Stephen Braddock, CEO

Stephanie Kaple, Women's Case Manager Tom Sterner - Men's Case Manager Chris Welts - Neece Center Manager

This is to fulfill the Department of Children and Families requirement that the contract manager complete an on-site visit to each service provider during the term of the contract. The current contract, KFZ35 includes funds for energy efficient improvements, specifically shower heads, lighting, and weather stripping. The improvements are expected to result in a significant reduction in electrical consumption and green-house gases.

The visit began at the Neece Center, an emergency shelter for men which is not only used as a first stop for men coming in from KOTS but, more often than before, as a safe place for homeless older men with complex medical issues. All lighting fixtures and shower heads have been replaced in this building and weather stripping has been installed on all doors. The shower heads are set to shut off after 10 minutes of showering and will not come back on for 10 minutes, saving water as well as electricity.

Because the provider was able to rebid the lighting replacement for considerable savings, they were able to revise the budget for renovations and purchase several new washing machines and dryers and there were new machines in place at the Neece Center.

We then went to the Poinciana complex where lighting, shower heads and weather stripping had been installed in all four buildings and 12 new washing machines and four new dryers were also in place. These buildings have been opened up on the first floor, creating much more comfortable common areas. The areas are appropriately furnished and appear to be used throughout the day.

It appears that FKOC was able to again use ESG funding for facility improvement and support of its quality programs and there are no concerns at the program level. In addition, it should be noted that administrative staff is in compliance with all contract requirements including ADA reporting, incident reporting, billing, program reports and security awareness training. husheling 127/10

Circuit 16 1111 12th Street, Suite 310, Key West, Florida 33040

Mission: Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency

Homeless Facts & Figures

2011 PIT Press Release:

The Southernmost Homeless Assistance League (SHAL) conducted the Point in Time Survey on Jan. 24th. This is part of a national initiative to assess the number of homeless people across the country.

Volunteers from throughout the Keys, including representatives from churches, hospitals and social service providers, were out in the early hours of the morning interviewing people to understand the cause of homelessness and what services are needed. The survey results influence the funds received by Monroe County from the state and federal government. Approximately \$2.5 million for outreach, emergency and transitional shelters and services, come into Monroe County on an annual basis, based on this survey.

The number of homeless continues to be less than in 2002 when there were 2,151 people without suitable shelter in Monroe County. Since that time, a variety of programs have been created to provide long-term housing for people with special needs, thereby decreasing the number of homeless people.

The 2011 survey identified more than 500 individuals without suitable shelter (246 people in Key West, 93 in the Middle Keys and 104 in the Upper Keys). While the number of people living on the streets has decreased, so has the overall population of Monroe County. There were 387 children and adults living in shelters. This data suggests a positive trend with the number of people living on the streets declining and the number of people accessing shelters increasing. There is a continued and increasing need for services and affordable housing.

ason:

We believe that part of the decline in Key West is due to the collaboration between the City of Key West Mayor's Office, the KWPD Quality of Life officers, the Sheriff's Department, the Chamber of Commerce and the Southernmost Homeless Assistance League – as well as many social service agencies. More has been done over the past year to step up to people who are breaking the law while also assisting those seeking help. The delicate balance between pressure to stop those who are breaking the law and to provide services to those seeking help is essential to the decreasing number.

The face of those who are homeless is changing. There are many who are homeless who fall outside of the federal definition and therefore are not included in the numbers above. On January 24, 2011, there were an additional 440 individuals, including 204 children, who were living in temporary living conditions in Monroe County because of loss of employment, health issues and lack of affordable housing.

Proactive actions are necessary which focus on preventative services in order to reduce enormous hidden costs to the taxpayers of Monroe County. In 2010, there were 703 bookings of people who were homeless into the jail, costing Monroe County \$3,356,930 – not including health costs. In 2010, the Key West ambulance service spent \$458,100 on

transporting individuals who were homeless. These high costs will continue until more proactive measures are taken to stabilize people's living conditions. Stepping up to these tough issues is the focus of the volunteers who form the cooperative known as the Southernmost Homeless Assistance League.

While the Southernmost Homeless Assistance League recognizes that there will always be individuals who live on the streets for various reasons, it is committed to assisting those who wish to regain a productive role in the community. SHAL can only do this with the collaboration of a network of partnerships with member service providers and the good will and support of the community.

The preliminary results from the Point in Time survey will be further analyzed over the next few months. This analysis will assist SHAL and community leaders in assessing the level of services available and what changes might be necessary to accommodate the changing demographics of individuals and families faced with nowhere to call home. SHAL will also provide further details over the coming months regarding the faces of those who are homeless – our veterans, children, the unemployed, and people challenged by mental health, substance abuse and other medical disabilities. Members of the community are invited to join in these efforts by contacting the SHAL office at 305 393 3666.

2011 Survey

To assist the Department of Children and Families in preparing the 2011 Council on Homelessness Report, as required by s.412.622(9), Florida Statutes, please fill in the following:

| name of Continuum: | Southernmos | t Homeless Ass | istance League | |
|-----------------------|--------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Mailing Address: | PO Box 2990 | , Key West, FL | 33045 | |
| Telephone Number: | 305 292 4404 | | Fax Number: | 305 295 4376 |
| Executive Director: | Wendy Coles | | Marine and the second s | |
| Email Address: | flshal@comc | ast.net | | |
| Person Completing th | e Survey: | Wendy Coles | 3 | |
| Phone Number for this | s Person: | 305 292 4404 | ŀ | |

A. Homeless Population by County

Report the total number of persons and households who are homeless on any given day for each county covered or served by your continuum in January 2011.I

| County Name | Federal/HL | JD Homeless | State Homeless Definition | | |
|-----------------|------------------|--------------------|---------------------------|--------------|--|
| 1 Monroe County | # Persons 926 | # Households 90 | # Persons 1,287 | # Households | |
| 2 | | - 00 | 1,207 | 206 | |
| 3 | | - | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| TOTAL | 926 | 90 | 1,287 | 206 | |

Federal Definition: As Used in 2010 CoC NOFA

A homeless person is a person sleeping in a place not meant for human habitation or in an emergency shelter, and a person in transitional housing for homeless persons who originally came from the street or an emergency shelter.

State Definition: Florida Statutes, Section 420.621 Homeless means an individual who lacks a fixed, regular and adequate nighttime residence, and includes an individual who:

- a. Is sharing the housing of other persons due to loss of housing, economic hardship, or a similar rea
- b. Is living in a motel, hotel, travel trailer park, or camping ground due to a lack of alternative, adequate accommodations;
- c. Is living in an emergency or transitional shelter;
- d. Has a primary nighttime residence that is a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings:
- e. Is living in a car, park, public space, abandoned building, bus or train station, or similar setting;
- f. Is a migratory individual who qualifies as homeless because he or she is living in circumstances described in paragraph (a) (e).

| Data | Source: (Check one.) |
|-------------|--------------------------------------------------------------|
| X | January 2011 Count - conducted last 10 days of January 2011. |
| | Other Date - Waiver Granted by HUD. |
| | Enter Date: |
| • | Check the methods used to enumerate the homeless persons. |
| | Point-in-time count with no interview |
| X | Point-in-time with interviews |
| | Point-in-time plus sample interviews |
| X | Point-in-time plus extrapolation |
| Χ | Administrative data from providers of services |
| | Public places count |
| X | Public places count with interviews |
| | Sample of interviews |
| | Extrapolation from Point-in-time and sample of interviews |
| | Public places count using probability sampling |
| X | Service-based count for non-shelter services |
| X | HMIS |
| | Other |
| * <u>Ch</u> | eck all methods used. |

B. General Homeless Characteristics

Report on the characteristics of homeless persons identified in your 2011 Point-in-Time Count, using the federal definition.

| Data Element | | Total Number | |
|--------------|------------------------------|--------------|------------|
| Gender | | Homeless | Percentage |
| | Male | | 77.6% |
| | Female | 207 | 22.4% |
| | Transgendered Male to Female | 0 | 0.0% |
| | Transgendered Female to Male | 0 | 0.0% |
| | Other | 0 | 0.0% |
| | Don't know | 0 | 0.0% |
| | Refused | 0 | 0.0% |
| | TOTAL | 926 | 100.0% |

| | Total Number Homeless | Percentage |
|---------------------------|--------------------------|------------|
| Children - under 18 years | 64 | 6.9% |
| Adults - 18 to 60 years | | 84.6% |
| Elderly - over 60 years | | 8.5% |
| Don't know | | 0.0% |
| Refused | 0 | 0.0% |
| TOTAL | 926 | 100.0% |

| Ethnicity | Total Number | |
|-------------------------|--------------|------------|
| | Homeless | Percentage |
| Hispanic or Latino | 115 | 12.4% |
| Non Hispanic/Non-Latino | | 87.6% |
| Don't know | | 0.0% |
| Refused | 0 | 0.0% |
| TOTAL | 926 | 100.0% |

| Data Element Race | Total Number Homeless | Percentage |
|----------------------------------|--------------------------|------------|
| American Indian/Alaska Native | 52 | 5.6% |
| Asian | | 0.0% |
| Black/African American | 70 | 7.6% |
| Native Hawaiian/Pacific Islander | 20 | 2.2% |
| White | 784 | 84.7% |
| Don't know | 0 | 0.0% |
| Refused | 0 | 0.0% |
| TOTAL | 926 | 100.0% |

 \mathcal{A}

| Military Veteran Served on active duty in the US military | | Total Number Homeless | Percentage |
|-----------------------------------------------------------|------------|--------------------------|------------|
| | Yes | 96 | 10.4% |
| | No | 830 | 89.6% |
| | Don't know | 0 | 0.0% |
| | Refused | 0 | 0.0% |
| | TOTAL | 926 | 100.0% |

| Household Type | Total Number Homeless | Percentage |
|-----------------------------|--------------------------|------------|
| Households without Children | 649 | 70.1% |
| Households with Children | 277 | 29.9% |
| TOTAL | 926 | 100.0% |

| Disabling Condition | | Total Number | B |
|-----------------------------|---------------------------|--------------|------------|
| | | Homeless | Percentage |
| | Yes | 497 | 53.7% |
| | No. | 429 | 46.3% |
| | Don't know | 0 | 0.0% |
| | Refused | 0 | 0.0% |
| | TOTAL | 926 | 100.0% |
| Type of disabling condition | 100 | Total Number | |
| | | Homeless | Percentage |
| | Physical Physical | 193 | |
| | Developmental | 53 | |
| | Mental Health | 203 | Do Not |
| | Drug or Alcohol Addiction | 253 | Report |
| | HIV/AIDS | 19 | report |
| | TOTAL | 721 | |

| Prior Episodes of Homelessness in last 3 years, number of separate times homeless. | Total Number Homeless | Percentage |
|------------------------------------------------------------------------------------|--------------------------|------------|
| 1 time | | 57.5% |
| 2-3 times | | 23.3% |
| 4 or more times | 178 | 19.2% |
| TOTAL | 926 | 100.0% |

| Length of Current Homeless Episode | Total Number | |
|-----------------------------------------|--------------|------------|
| | Homeless | Percentage |
| 1 week or less | 44 | 4.8% |
| More than 1 week, less than 1 month | 38 | 4.1% |
| 1 to 3 months | 95 | 10.3% |
| More than 3 months, less than 12 months | 159 | 17.2% |
| l year or longer | | 63.7% |
| TOTAL | 926 | 100.0% |

it

| Data Element Cause of Homelessness | Total Number Homeless | Percentage |
|------------------------------------|--------------------------|------------|
| Employment/financial reasons | | 59.0% |
| Housing Issues | 105 | 11.3% |
| Medical/disability problems | 133 | 14.4% |
| Forced to relocate from home | | 3.9% |
| Family problems | 69 | 7.5% |
| Natural/other disasters | | 1.9% |
| Recent immigration | 19 | 2.1% |
| TOTAL | 926 | 100.0% |

| Length of Stay in the County | Total Number Homeless | Percentage |
|-----------------------------------------|--------------------------|------------|
| 1 week or less | 37 | 4.0% |
| More than 1 week, less than 1 month | | 4.0% |
| 1 to 3 months | 82 | 8.9% |
| More than 3 months, less than 12 months | | 15.8% |
| 1 year or longer | 624 | 67.4% |
| TOTAL | 926 | 100.0% |

| Foster Care History Were you ever a foster care child? | Total Number Homeless | Percentage |
|--------------------------------------------------------|--------------------------|------------|
| Y | es 55 | 5.9% |
| N N | lo 871 | 94.1% |
| TOTA | AL 926 | 100.0% |

.

CHAIRMAN: COMMITTEE ON FOREIGN AFFAIRS

http://foreignaffairs.house.gov/ www.twitter.com/roslehtinen www.youtube.com/ileanaroslehtinen



Congress of the United States House of Representatives

ILEANA ROS-LEHTINEN
18TH DISTRICT, FLORIDA

February 2, 2011

http://www.house.gov/ros-lehtinen

DISTRICT OFFICE:
4960 SW 72 AVENUE
SUITE 208
MIAMI, FL 33155
(305) 668–2285
FAX: (305) 668–5970

MONROE COUNTY:
(305) 304–7789
MIAMI BEACH AREAS:
(305) 934–9441

PLEASE RESPOND TO:

2206 RAYBURN HOUSE OFFICE BUILDING

WASHINGTON, DC 20515--0918 (202) 225--3931

FAX: (202) 225-5620

Rev. Stephen E. Braddock President & Executive Director Florida Keys Outreach Coalition, Inc. P.O. Box 4767 Key West, FL 33041

Dear Rev. Braddock:

I would like to express my strongest support for your organization, the Florida Keys Outreach Coalition (FKOC). The FKOC has performed much needed charitable work on behalf of low income individuals and families in my Congressional District for many years.

For nearly two decades the FKOC has been providing those in need with the opportunities and resources by which to attain lives of independence and self-sufficiency.

As you have expressed to me in the past, a major success of FKOC was the successful transfer of excess property from the U.S. Navy, under the Federal Base Reuse and Closure Act, to be used for individuals in need of housing with special needs.

FKOC in Key West is one of three model programs highlighted by the U.S. Department of Housing and Urban Development's (HUD) Supportive Housing Program. The FKOC demonstrates an impressive 85% success rate transitioning homeless people into permanent housing, far exceeding HUD's national standard.

The FKOC continues to be a guiding light in our community showing us ways to help our neighbors. Once again, I would like to show my support for Florida Keys Outreach Coalition's efforts

Member of Congress

IRL: lar

Rev. Stephen E. Braddock, Ph.D. Président & CEO (T) 305-293-8189 (F) 305-293-8276 FrBraddock@cs.com



Gina Pecora
Deputy Director
(T) 305-295-7741 (F) 305-293-8276
fkoc4homeless@cs.com

Post Office Box 4767, Key West, Florida 33041-4767 **WWW.FKOC.ORG**

October 24, 2011

Lisa Tennyson Monroe County BOCC Grants Administrator 1100 Simonton Street Key West, Fl 33040

REG: Florida Keys Outreach Coalition, Inc.

BOCC Human Services 10/01/10 - 09/30/11

Compliance Report

FKOC offers seventy (70) transitional beds in three (3) facilities for homeless men; fifty-two (52) transitional beds for a mix of homeless women and children; and one-hundred twenty-six (126) emergency beds for chronically homeless adults.

Services supported by the HSAB funds during FY11 were supportive and operating costs for 122-transitional housing beds throughout FKOC's five facilities for homeless men, women and children. FKOC service includes transitional housing, case management, drug relapse prevention, life skills, daily meals, laundry facilities, transportation and supportive services and emergency shelter.

Throughout the contract term, two-hundred seventeen (217) homeless men, women and children entered the FKOC transitional housing program while sixty-three (63) were current residents at commencement of the contract year. A total of two-hundred eighty (280) clients were served from 10/01/2010 through 09/30/2011.

New admissions consisted of 153 men, 37 women, 23 children; and 1 intact-family with 2 children. 81% of FKOC's client population exited the housing programs to permanent housing. 53% entered the program with zero income while 61% were gainfully employed at program exit. 95% of transitional housing clients were Monroe County residents.

Forty-one adults (14%) had a history with the criminal justice system while twenty-nine adults (15%) entered the program directly from detention.



One-hundred percent (100%) adult clients received extensive case management, an individualized plan of action and assessment for eligibility of mainstream benefits; 100% adult clients attended support groups and life skills training; 100% adult clients participated in anti-drug abuse programs and were monitored for alcohol and substance abuse.

The FKOC operates the Loaves & Fish Food Pantry, a community-wide service providing needy individuals with emergency groceries, diapers and personal care items. Approximately 5,148 emergency meals were distributed throughout FY2011 serving 1,154 street homeless and the community-at-large.

The FKOC outreach office offers information and referral services to walk-in and via toll free telephone. One hundred thirty-four (134) contacts received referral services to mental health facilities, shelters, medical services, food programs, clothing, transportation, etc.

The FKOC managed the Keys Overnight Temporary Shelter (KOTS) for the City of Key West. The KOTS consists of 126-beds with an additional twelve (12) overflow beds for the chronically homeless population. Onsite services included outreach and referral, AA/NA support groups, health screening, flu shots, life skills, educational classes, English as a second language and spiritual programs. One-thousand sixty-two unduplicated adults received emergency shelter throughout the contract year consisting of 843 male; 219 female; 140 veterans; and 54 individuals over the age of 62 years.

Please contact me directly should you require any additional information.

Sincerely,

Deputy Director

cc: Rev. Stephen E. Braddock, Ph.D.

President & CEO